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Division of Corporations Fax Number : (350)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Addult Number : PCA000002023 Phone : (512)418-6949 Fax Number : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT RESIGNATION 2650 MARTIN LLC

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115. Florida Statutes, the	undersigned,	
C T CORPORAT	ION SYSTEM	, hereby resigns as	The transfer of
	Name of Registered Agent	, 1101009 1001611111	
Registered Agent for	2650 MARTIN LLC		1 1 N
			56 3
	Name of Limited Liability Company		70, 8
L14000013455		r.	
Document	Number, if known		•
The agency is termina	ned and the office discontinued on the 31st day  Signature of Resigning A		his statement is filed.
		Rem	
If signing on behalf of	f an entity;		
	C T Corporation System - Kate Se	idita	
	Typed or Printed Name		
	Assistant Secretary		
	Capacity		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314