Division of Corporations

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From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

Phone : (954)525-7500 : (954)761-8475 Fax Number

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LLC REGISTERED AGENT RESIGNATION **ACTIVE DEBT SOLUTIONS LLC**

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DEC 22 2MM J. HARRIS

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 6	605,0115, Florida Statutes, the undersigned,		
Seth E. Eills	, h ere by res	igns as	
Name of Registe		_	
Registered Agent for ACTIVE DEB	BT SOLUTIONS LLC	· · · · · · · · · · · · · · · · · · ·	
Nam	ne of Limited Liability Company	.—	•
L14000039397			
Document Number, if known			
A copy of this resignation was mailed	to the above listed limited liability company at	its last known addr	038 .
The agency is terminated and the office	ce discontinued on the 31st day after the date or Signature of Resigning Agent	ı which this stateme	mt is filed.
If signing on bohalf of an entity:		ייי	o∎ • • •
	Typed or Printed Name	* :: <u> </u>	
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E S	11.ING FEES: 85.00 Active limited liability company 25.00 Administratively dissolved/ voluntar withdrawn limited liability company	rity dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32214

INHS17 (2/14)