

L14000055754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

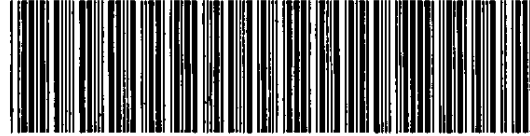
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500283597895

04/25/16--01042--003 **85.00

FILED
16 APR 25 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2016
J. HARRIS

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Sulte Law Firm, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for Turn Key Title, LLC

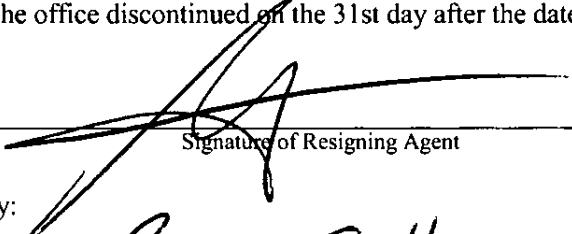
Name of Limited Liability Company

L14000055754

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Ryan Sulte

Typed or Printed Name

Registered Agent

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withdrawn limited liability company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

FILED
16 APR 25 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA