14000065297

(R	Requestor's Name)
A)	address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
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ALLAHASSEF FIRMINA

AUG 1 2 2015 Y SULKER

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

Pursuant to the provisions of se	ection 60.	5.0115, F	lorida Statutes.	, the undersign	ned,			
CARLA	-(-	BAH	<i>ب</i>	her	eby resigns as			
Name o	of Registere	xl Agent		··	, .			
Registered Agent for	IBB	DEU	ELOPME	NT, LLC	· .			
	Name	of Limited	Liability Compar	ny			,	1
			_					
Document Number, if	кношп						•	
A copy of this resignation was	mailed to	the abov	ve listed limited	d liability com	pany at its last k	nown ad		
The agency is terminated and t	he office	discontin	nued on the 31s	t day after the	date on which t	his stater		filed.
	1	Ca	enature of Resign	Sal	•	SEC OF S	0 Pri	· · · · · · · · · · · · · · · · · · ·
If signing on behalf of an entity	y: <u> </u>	, , , , , , , , , , , , , , , , , , ,	giantite of Resign	, , , , , , , , , , , , , , , , , , ,		S PAIR LONGE	<u>ဒ္</u>	Stand - - - -
		Турес	d or Prince Name					
			Capacity					
	FIL	ING FE	ES:					
	\$ 83	5.00 A 5.00 A	Active limited land Administrativel withdrawn limi	iability compa y dissolved/ v ted liability co	any oluntarily disso ompany	lved/		

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