Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000055047 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

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

Email Address:___ LLC REGISTERED AGENT RESIGNATION VERY TRUSTY LAND TRUSTEE, LLC Certificate of Status 0 Certified Copy 01 Page Count \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

HelpT. LEMIEUX FEB 1 1 2022 To:

(((H220000550473)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.	0115, Florida Statutes, the und	ersigned,		
Dean Mead Services, LLC		, hereby resigns as		
Name of Registered	l Agent	_, , , ,		
Registered Agent for		··		
Very Trusty Land Trustee, LLC			,	
Name o	f Limited Liability Company			
L14000088391				
Document Number, if known	-			
A copy of this resignation was mailed to. The agency is terminated and the office of the agency is the agency is the agency of the agency is the agency is the agency is the agency of the agency is agency is the agency is agency is the agency is the agency is the	•	ter the date on which this stat		filed.
Matthew J. Ahcarn, Esq.			22	
	Typed or Printed Name		.2	
Vice President of Sole Member			833 ·	
	Capacity		10	
FILI \$ 85. \$ 25.	ING FEES: .00 Active limited liability .00 Administratively dissol withdrawn limited liab	company ved/voluntarily dissolved/i	AH 9: 35	<i>、</i>)

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

INHS17 (2/14)