## L14000126181

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
, PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Statu	es		
Special Instructions to Filing Officer:				
		,		
<u> </u>				

Office Use Only



100263671501

09/15/14--01025--006 \*\*110.00

RA/RCS 10 90.14

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

Pursuant to the provisions	of section 605.0	115, Florida Statutes, the	undersigned.	
	•	LINARES	, hereby resigns as	
1	Name of Registered A	Agent		
Registered Agent for	5000	. TOBETHE	Ricc	
	Name of I	Limited Liability Company		·
			•	
L140	0012671	B1		35
Document Num		<del> </del>		<b>-69</b>
A copy of this resignation	was mailed to th	ne above listed limited liab	oility company at its last kno	wn address.
		•		
The agency is terminated	and the office dis	scontinued on the 31st day	after the date on which this	statement is filed:
`` ``	G	TO SAR	rais	31
		Signature of Resigning A	gent	
If signing on behalf of an	entity:			
-		Typed or Printed Name	<del></del>	
		Capacity		

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

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company