## 14000/63380

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(Cit	y/State/Zip/Phone	e #)
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AMBROEDER

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

Pursuant to the provis	ions of section 605.011	15, Florida Statutes, the unde	rsigned,		
Patricia Lebow, P	.A.		, hereby resigns	as	
	Name of Registered Age		, nereby resigns	43	
Registered Agent for	1230 N. OCEAN L	LC			
	Name of Lir	mited Liability Company		·	
L14000163380					
Document	Number, if known	<del></del>			
		above listed limited liability ontinued on the 31st day after			filed
The agency is termina	ted and the office disce	Signature of Resigning Agent	N PA Kedent	$\mathcal{E}_{i}$	mea.
If signing on behalf of	an entity:		·	19 AUG	<b></b> ,
	Patricia Lebow,	P.A.			1 <u>1</u> 1
	<del></del>	Typed or Printed Name	<del></del>		<b>-</b>
	President				} 7
		Capacity		(S) 14 (S) 14 (S) 14	•

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\$25.00 Administratively dissolved/ withdrawn limited liability company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