

214000175316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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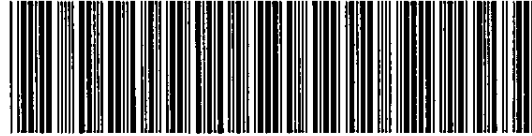
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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July 16, 2015

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Cypress Pointe Partners II, LLC

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of Statement of Resignation of Registered Agent For a Limited Liability Company, together with our firm's check in the total amount of \$85.00 representing your filing fee. If all is in order, kindly file the Statement and return a copy of same to the undersigned.

If you have any questions, please do not hesitate to call.

Sincerely yours,

Karolyn Sheekey, Legal Assistant to
Michael D. Chiumento III

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Michael D. Chiumento III, hereby resigns as
Name of Registered Agent

Registered Agent for Cypress Pointe Partners II, LLC
Name of Limited Liability Company

L14000175316
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]
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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