

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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 MANANDRINA, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

APR -6 2021

M. SOLOMON

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

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

Dean Mead Services, LLC_____, hereby resigns as
Name of Registered Agent

Registered Agent for _____

Manandrina, LLC_____
Name of Limited Liability Company**L14000190006**_____
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.

Dean Mead Services, LLC

By: _____

Signature of Resigning Agent

If signing on behalf of an entity:

Christopher R. D'Amico_____
Typed or Printed Name**Vice President of Sole Member**_____
Capacity**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withdrawn limited liability company**Make checks payable to Florida Department of State and mail to:****Division of Corporations****P.O. Box 6327****Tallahassee, FL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**

INHS17 (2/14)

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2021 APR -5 AM 10:15
L.C.