12/21/2017

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065 : (954)525-7500

Fax Number : (954)761-8475

**Enter the email address for this business entity to be used for future $oldsymbol{
abla}$ annual report mailings. Enter only one email address please.

Email Addres	e :		

LLC REGISTERED AGENT RESIGNATION 17866 LAKE AZURE WAY BOCA, LLC

Certificate of Status	0
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#500291.0002

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	605.0115, Florida Statutes, the	undersigned,	
Seth E. Ellis		, hereby resigns as	馬力
Name of Regi	stered Agent	,,,	
Registered Agent for 17866 LAKE	E AZURE WAY BOCA, LL	_C	27
N	nme of Limited Liability Company		AH 10: 34
L14000192864			
Document Number, if known	3	•	
A copy of this resignation was maile	ed to the above listed limited lia	bility company at its last k	nown address.
The agency is terminated and the off	fice discontinued on the 31st da	y after the date on which t	his statement is filed.
	Signapure of Resigning A	Agent	
If signing on behalf of an entity:			
	Typed or Printed Name	-, ,	
	Capacity	A COMPANY OF THE PARTY OF THE P	

Make cheeks payable to Florida Department of State and mail to:
Division of Corporations

FILING FEES:

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

P.O. Box 6327 Tallphassee, FL 32314

INH\$17 (2/14)