

4/27/2021

Division of Corporations

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 &amp; 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  
MINIKALL GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
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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**\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for \_\_\_\_\_

**Minikall GP, LLC**\_\_\_\_\_  
Name of Limited Liability Company**L15000026772**\_\_\_\_\_  
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA