

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : 119990000021 Phone : (904)356-2600 Fax Number : (904)355-0233

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION PAGS OF VICARS, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help 177

H20000018121 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| • | ons of section 605.0115, Florida Statutes, the u | ndersigned, | |
|-------------------------|--|---|------|
| CLAY B. TOU | JSEY, JR. | , hereby resigns as | |
| | Name of Registered Agent | | |
| Registered Agent for _ | PAGS OF VICARS, LLC | | |
| | Name of Limited Liability Company | , | |
| L15000057092 | | | |
| Document N | umber, if known | 212 | |
| | on was mailed to the above listed limited liabi | <u>.</u> | ed ~ |
| The agency is terminate | ed and the office discontinued on the 31st day | atter the date of which this statement is the | - |
| | B | | |
| | Signature of Resigning Ag | ent | مر |
| If signing on behalf of | an entity: | () | |
| | Typed or Printed Name | | |
| | 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withdrawn limited liability company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)