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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,

Carl S. Rosen P.A.		. hereby resigns as	PC
	Name of Registered Agent		TER PR C
Registered Agent for _	RSKJ GP, LLC		The second
			Stor P
	Name of Limited Liability Company		FLORE SE
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Document Nu	mber, 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 of Resigning Agent

If signing on behalf of an entity:

Carl S. Rosen

Typed or Printed Name

Director

Capacity

## **FILING FEES:**

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- Active limited liability company Administratively dissolved/ voluntarily dissolved/ \$ 25.00 withdrawn limited liability company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

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