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|----------------|--|--------------------------|
| To: | Division of Corporations | _ ` |
| | Fax Number : (850)617-6383 | 1910 |
| Fro | w., | |
| FFO | Account Name : CARLTON FIELDS | رت ۱ |
| | Account Number : 076077000355 | بن ر |
| | Phone : (813)223-7000 | |
| | Fax Number : (813)229-4133 | U |
| | Fax Number . (013)223-4133 | |
| ** E nt | er the email address for this business entity to be us | یں س ed for future |
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of s | section 605.0115 | 5. Florida Statutes, the unde | ersigned, |
|---|--------------------------------|--|---|
| CF REGISTERED AGENT, IN | C. | | , hereby resigns as |
| Name | of Registered Agen | nt | |
| Registered Agent for TRUE E | DATA CENTERS | OF FLORIDA, LLC | |
| | Name of Limi | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| L16000019676 | | | |
| Document Number. | if known | | |
| A copy of this resignation was | s mailed to the a | bove listed limited liability | company at its last known address. |
| The agency is terminated and If signing on behalf of an enti | Jan | ntinued on the 31st day after Signature of Resigning Agent | er the date on which this statement is file |
| | CE F. BENTUBO | 0 | |
| | | yped or Printed Name | • |
| DIR | ECTOR/SECRE | | 2020 |
| <u></u> | FILING \$ 85.00 \$ 25.00 | Capacity FEES: | company ved/ vofuntarily dissolved/ |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 4327
Tallahassee, FL 32314

INHS17 (2/14)

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