

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		
	Division of Corporations Fax Number : (850)617-6383	
	Tax number (esc) of the	
From		
	Account Name : CARLTON FIELDS Account Number : 076077000355	
	Phone : (813)223-7000	
C. Salar	Fax Number : (813)229-4133	
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisior	is of section 605.0115, Florida Statutes, the	undersigned,	
CF REGISTERED A	AGENT, INC.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for B	ANDZ MODEL MANAGEMENT LLC		_
<u> </u>	Name of Limited Liability Company		_,
L16000056942			
Document Nu	mber, if known		
A copy of this resignation	n was mailed to the above listed limited liab	pility company at its last known address	i.
The agency is terminated	and the office discontinued on the 31st day	after the date on which this statement	is filed.
If signing on behalf of a	Signature of Resigning A	gent	
	Joyce F. Bentubo	;\times	
	Typed or Printed Name		
	Director/Secretary	· :	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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