## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : 120030000004 Phone : (407)835-6769 Fax Number : (407)843-4076

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Email Address: Corporatio Shutto- con

## LLC REGISTERED AGENT RESIGNATION SHEEHAN CADILLAC, LLC

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0113	5, Florida Statutes, the unde	ersigned,			
CORPORATION COMPANY OF ORLANDO		_ , hereby resigns as				
Name of Registered Agent			, ,			
Registered Agent for SHEEHAN CADILLAC, LLC			···	<u>.</u>	_	
		ited Liability Company			<u>-</u> ·	
		,				
L16000143078						
Document Num	ber, if known					
A copy of this resignation	was mailed to the a	bove listed limited liability	y company at its last know	vn address	S.	
The agency is terminated a	and the office discor	ntinued on the 31st day after	or the date on which this s	statement	is filed	1.
_	Wid	Signature of Resigning Agent				
		Signature of Resigning Agent				
If signing on behalf of an	entity:				21	
	N	Michael L. Gore		-	2024 JAN 21	
	T;	yped or Printed Name			<u>بل</u> ټ <u>ل</u>	
	'	Vice President		•	<u>~</u>	
<del>-</del>		Capacity			=	= = :
					P	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolved.	company ved/voluntarily dissolved lity company	<del>1</del> /	PH 12: 16	
	<b>\$ 25.00</b>	withdrawn limited liabi	lity company			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)