

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.

(((H22000256220 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500

Fax Number

: (702)900-2290

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

Email Address: documents@incorp.com

## LLC REGISTERED AGENT RESIGNATION ORANGE CITY MHP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

## **COVER LETTER**

(((H22000256220 3)))

TO: Registration Section Division of Corporations				
SUBJECT: ORANGE CITY MHP, LLC			<del></del>	
	mited Liability	Company		
DOCUMENT NUMBER: L17000061783		<u> </u>		
The enclosed Resignation of Registered Agent for filing.	: for a Limited	d Liability Company and fee	: are submi	tted
Please return all correspondence concerning the	is matter to th	he following:		
Karen Gibson				
Name of Person	·.	-		
InCorp Services, Inc.				
Name of Firm/Company		-		
3773 Howard Hughes Pkwy Ste. 500s				
Address	<del>-</del>	-	- SE 22	
Las Vegas, NV 89169		<u>'</u>	SECRETARY SECRETARY	<u> </u>
City/State and Zip Code	<del></del>	-	~ N	TA F
documents@incorp.com		; !		E S
E-mail address: (to be used for future annual report	1 notification)	•	ST/	Ċ
For further information concerning this matter,	, please call:		7 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
Karen Gibson for InCorp Services, Inc.	702 at (	866-2500		
Name of Person	Area Code	Daytime Telephone Number	r	
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrati liability company.	la Department vely dissolved	t of State for \$85.00 for an a d, voluntarily dissolved or v	active limit vithdrawn	ed limited

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INH\$17 (2/14)

(((H22000256220 3)))

(((H22000256220 3)))

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

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the un	dersigned,
InCorp Services, In	c.	, hereby resigns as
-	Name of Registered Agent	,
Registered Agent for		
ORANGE CITY ME	IP, LLC	
	Name of Limited Liability Company	•
L17000061783		
Document i	Number, if known	
	tion was mailed to the above listed limited liabilited and the office discontinued on the 31st day at the same of	
	Signature of Resigning Agen	ıt
If signing on behalf of	an entity:	<b>202</b> 1 Al
	Karen Gibson for InCorp Services, Inc.	APPR APPR APPR SECRETARY FALLAHASSE
	Typed or Printed Name	
	Authorized Representative	SER CO
	Capacity	
	FILING FEES:	TOBION TAVIE TAVIE

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

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

(((H22000256220 3)))