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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115, Florida Stati	utes, the undersigned,	
Howard L. Schwartz , hereby			
	Name of Registered Agent	, ,, ,	
Registered Agent for	Cutler Homes, LLC		
	Cather Homes	LIC	
	Name of Limited Liability Co	mpany	
L17000134599			
Documen	t Number, if known		
A copy of this resign	ation was mailed to the above listed lir	nited liability company at its last	known address.
The agency is termin	ated and the office discontinued on the)	this statement is filed.
If signing on behalf of an entity:			(f.)
	Howard L. Schwartz		
	Typed or Printed N	iame	:
	Registered Agent		9
	Capacity		<u>-</u>

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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