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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP
Account Number : 120000000291
Phone : (407) 847-7466
Fax Number : (407) 847-6641

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LLC REGISTERED AGENT RESIGNATION CERTIFIED RESORT SERVICES, LLC

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

SWART BAUMRUK & COMPANY, LLP

Name of Registered Agent

, hereby resigns as

Registered Agent for CERTIFIED RESORT SERVICES, LLC

Name of Limited Liability Company

L17000231397

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Harry J. Swart, CPA

Typed or Printed Name

Swart Baumruk & Company, LLP

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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