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Division of Corporations  
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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO, BOZARTH, P.A.  
Account Number : 076077001702  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bwkirk1@gmail.com

LLC REGISTERED AGENT RESIGNATION  
CAVALLINO FINANCIAL, LLC

Certificate of Status	0
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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,

Dean Mead Services, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for Cavallino Financial, LLC

Name of Limited Liability Company

L17000241431

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.

Dean Mead Services, LLC

By:

Signature of Resigning Agent

If signing on behalf of an entity:

Christopher R. D'Amico

Typed or Printed Name

Vice President of Sole Member

Capacity

FILED  
18 DEC 19 PM 4:49  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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