

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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frcm:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO : BOZARTH, P.A.

Account Number : 076077001702

Phone

: (407)841-1200

Fax Number

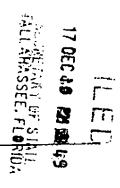
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Email Address: bwkirkl@gmail.com

LLC REGISTERED AGENT RESIGNATION CAVALLINO FINANCIAL, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 603.0	113, Piorida Statutes, the unde	asigned,	
Dean Mead Services, LLC		, hereby resigns as	
Name of Registered A	gent	., -	
Registered Agent for Cavallino Finance	ial, LLC		
Name of I	Limited Liability Company		
L17000241431			
Document Number, if known			
A copy of this resignation was mailed to the			
The agency is terminated and the office dis		er the date on which this state	emant is tiled.
Dean Mead Service By:	Signiture of Resigning Agent	AHASSEE.	DEC #5
If signing on behalf of an entity:		# C C C C C C C C C C C C C C C C C C C	
Christopher R	R. D'Amico	EFEORIDA	1
	Typed or Printed Name		•
Vice Presider	nt of Sole Member		
	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\$ 25,00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)

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