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## STATEMENT OF RESIGNATION OF REGISTERED AGEN FOR A LIMITED LIABILITY COMPANY 달 알

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

Dean Mead Services, LLC

Name of Registered Agent

Registered Agent for \_\_\_

9062 MP, LLC

Name of Limited Liability Company

L18000064554

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

If signing on behalf of an entity:

Stephen R. Looney

Typed or Printed Name

Vice President of Sole Member

Capacity

## FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INH517 (2/14)

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