

Florida Department of State
 Division of Corporations
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L19 00009297

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H230003875023ABC/

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

From:
 Account Name : SHUTTS & BOWEN LLP (ORLANDO)
 Account Number : I20030000004
 Phone : (407)835-6769
 Fax Number : (407)843-4076

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corpmail@shutts.com

**LLC REGISTERED AGENT RESIGNATION
 NSD MISSION GROVE MGMT, 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,

Carol Chang _____, hereby resigns as
Name of Registered Agent

Registered Agent for _____
NSD Mission Grove Mgmt. LLC
Name of Limited Liability Company

L19000009297 _____
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.

Carol M Chang
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2023 NOV - 8 AM 7:24
APPROVED
AND
FILED

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withdrawn limited liability company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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