1190000 32189

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Registration Section Division of Corporations

TO:

SUBJECT: N. Carroll Property Mar	nagement L.L.C		
Na	me of Limited Liabilit	y Company	
DOCUMENT NUMBER: L1900003	32189 	<u></u>	
The enclosed Resignation of Registere for filing.	ed Agent for a Limite	d Liability Company and fee are submitted	
Please return all correspondence conce	erning this matter to	the following:	
United States Corporation Agents,	Inc.		
Name of Person		-	
Legalzoom.com, Inc.			
Name of Firm/Comp	any	_	
101 North Brand Blvd. 11th Floor			
Address			
Glendale, CA 91203			
City/State and Zip C	ode		
raresignations@legalzoom.com			
E-mail address: (to be used for future ar	inual report notification)	_	
For further information concerning th	is matter, please call:		
Janna Pantoja	800	773-0888 x3950 Daytime Telephone Number	
Name of Person	Area Cod	Daytime Telephone Number	
Enclosed is a check made payable to t liability company or \$25.00 for an adriability company.	he Florida Departme ministratively dissolv	nt of State for \$85.00 for an active limited red, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STRI	EET ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clitton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

United States Corporation Agents, Inc.	, hereby resigns as	~
Name of Registered Agent	: nerecy realgns to	020
Registered Agent for N. Carroll Property Management L.L.C		2020 APR 20 PH 12:
		20
Name of Limited Liability Company		P : 1
L19000032189		12: 11
Document Number, if known		. +
A copy of this resignation was mailed to the above listed limited liabil	lity company at its last kno	own address.
The agency is terminated and the office discontinued on the 31st day a	after the date on which this	s statement is filed.
Signature of Resigning Age	ent	
If signing on behalf of an entity:		
Cheyenne Moseley		

Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc. Capacity

FILING FEES:

\$ 85.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 25.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314