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Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

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

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LLC REGISTERED AGENT RESIGNATION 111 E. HIBISCUS BLVD, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi-	sions of section 605.0115. Florida Statutes, the	undersigned,
Dean Mead Services,	.T.C	, hereby resigns as
	Name of Registered Agent	. Hereby resigns in
Registered Agent for		
111 E. Hibiscus Blvd,	LLC	
	Name of Limited Liability Company	,
1.19000262397		
Document	Number, if known	
-	ation was mailed to the above listed limited liab	bility company at its last known address. y after the date on which this statement is filed.
	Dean Mead Services, LLC	
	By: Signature of Resigning A	2025 FEB - 5
If signing on behalf of an entity:		
	Stephen R. Looney	် ငံ .
	Typed or Printed Name	
	Vice President of Sole Member	
	Capacity	05

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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