

L19000304691

Florida Department of State
Division of Corporations
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From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : 120030000004
Phone : (407)835-6769
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LLC REGISTERED AGENT RESIGNATION DI IV MANAGEMENT, LLC

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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.

CORPORATION COMPANY OF ORLANDO _____, hereby resigns as

Name of Registered Agent:

Registered Agent for DI IV MANAGEMENT, LLC

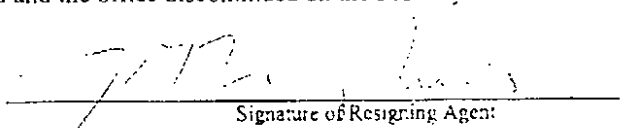
Name of Limited Liability Company

L19000304691

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 Agent:

If signing on behalf of an entity:

J. GREGORY HUMPHRIES

Typed or Printed Name

VICE-PRESIDENT

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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