Division of Corporations 7/15/2021

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(((H21000272257 3)))



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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.

Email Address: scottrichbourg@aol.com

LLC REGISTERED AGENT RESIGNATION

SSOCIATION OF INDEPENDENT RENTAL OPERATORS ELC

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To:

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	5, Florida Statutes, the under	rsigned,		
Dean Mead Services, LLC			, hereby resigns as		
	Name of Registered Age	nt	,,		
Registered Agent for	Association of Independent Rental Operators, LLC				
	Name of Lin	nited Liability Company			
L20000097233					
Document	Number, if known				
A copy of this resigna	tion was mailed to the	above listed limited liability	company at its last known ad-	dress.	
If signing on behalf o	Dean Mead Solvice By: fan entity:	Signature of Resigning Agent			
	Christopher R. D'Am	nico			
	1	Typed or Printed Name			
	Vice President of Sol	le Member	6 €	26	
		Capacity		21	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolve withdrawn limited liabili	ompany cd/ voluntarily dissolved/in cty company	FILED 2021 JUL 15 PM 2: 08	

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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