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COVER LETTER

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, the	e undersigned.
MUYAN & BOYOLING PLLC Name of Registered Agent	, hereby resigns as
1010 W 11 00 00 00 000	cal to acimanis 110
Registered Agent for WCISHORTH (MMCVC	ial AMOSINEITS LAC
Name of Limited Liability Company	•
12000085515	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited lia	ability company at its last known address.
The agency is terminated and the office discontinued on the 31st da	ay after the date on which this statement is filed.
Signature of Resigning	Agent
If signing on behalf of an entity:	
Michelle A. Bright Typed or Printed Name	d-kuper zu z
Owner Attorney	2823 HAY 26
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FILING FEES: \$ 85.00 Active limited fiab \$ 25.00 Administratively d withdrawn limited	ility company issolved/ voluntarily dissolved

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