Fax: (850) 617-6383 Division of Corporations Page: 1 of 2

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To:

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:____

LLC REGISTERED AGENT RESIGNATION BT LAND GROUP, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

T. LEMIEUX

To:

(((H22000055143 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.0115 | 5. Florida Statutes, the undersigned, | |
|--|--|----------------------------|
| Dean Mead Services, LLC | , hereby resigns a | as |
| Name of Registered Age | | |
| Registered Agent for | | |
| BT Land Group, LLC | | |
| Name of Lim | ited Liability Company | |
| L20000333851 | | |
| Document Number, if known | | |
| A copy of this resignation was mailed to the a | | |
| The agency is terminated and the office disco | ntinued on the 31st day after the date on which | th this statement is filed |
| | | |
| | Signature of Resigning Agent | |
| | Standard of Resigning Agent | |
| If signing on behalf of an entity: | | |
| Christopher R. D'Am | ieo | |
| T | 'yped or Printed Name | |
| Vice President of Sol | e Member | |
| | Capacity | |
| | | 22 |
| | | · |
| <u>FILING</u> \$ 85.00 | Active limited liability company | . 8 |
| \$ 25.00 | Administratively dissolved/voluntarily di withdrawn limited liability company | issolved/ |
| | Windrawit matted habitity company | issolved/ 5 TT |
| | | |
| Make checks paya | ble to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 | |
| | Tallahassee, FL 32314 | |

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