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Division of Corporations

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

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115. Florida Statutes, the und	lersigned,
Dean Mead Services, L	LC	_ , hereby resigns as
	Name of Registered Agent	Heleoy lesigns as
Registered Agent for _		
Filip Property Investme	ents. LLC	
	Name of Limited Liability Company	
L20000367783		
Document 3	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability	y company at its last known address.
The agency is termina	ted and the office discontinued on the 31st day aft	er the date on which this statement is filed.
	Dean Mead Services, LLC	2025 F.E.
	By: Style 2. Com Signature of Resigning Agent	
	Signature of Resigning Agent	[
If signing on behalf of	an entity:	<u></u>
	Stephen R. Looney	
	Typed or Printed Name	<u>.</u>
	Vice President of Sole Member	· · · · · · · · · · · · · · · · · · ·
	Сарасиу	

FILING FEES:

\$ 85.00 \$ 25.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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)