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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.  
Account Number : 119990000123  
Phone : (727)397-5571  
Fax Number : (727)393-5418

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## LLC REGISTERED AGENT RESIGNATION 9986 83RD STREET LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Estimated Charge      | \$85.00 |

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T. LEMIEUX

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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,

DeLOACH, HOFSTRA &amp; CAVONIS, P.A.

, hereby resigns as

Name of Registered Agent

Registered Agent for 9986 83RD STREET LLC

Name of Limited Liability Company

L22000398893

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.

*Joseph M. Murphy*

Signature of Resigning Agent

If signing on behalf of an entity:

JOSEPH M. MURPHY, ESQUIRE

Typed or Printed Name

SECRETARY/DIRECTOR

Capacity

**FILING FEES:**

|          |                                                                                          |
|----------|------------------------------------------------------------------------------------------|
| \$ 85.00 | Active limited liability company                                                         |
| \$ 25.00 | Administratively dissolved/voluntarily dissolved/<br>withdrawn limited liability company |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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