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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*\* A

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## LLC REGISTERED AGENT RESIGNATION ORLANDO SKY EQUITY PARTNERS, LLC

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5, Florida Statutes, the undersigned,
REGISTERED AGENTS, INC.	, hereby resigns as
Name of Registered Age	nd ender
Registered Agent for ORLANDO SK	Y EQUITY PARTNERS, LLC
Name of Lin	nited Liability Company
L22000448540	
Document Number, if known	
A copy of this resignation was mailed to the a	above listed limited liability company at its last known address.
The agency is terminated and the office disco	ontinued on the 31st day after the date on which this statement is filed.
If signing on behalf of an entity:	Wignardre Ari Resigning Agent
	David Roberts
Т	yped or Printed Name
A	ssistant Secretary
FILING \$ 85.00 \$ 25.00 Make checks payat	FEES:  Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company  Ole to Florida Department of State and mail to:  Division of Corporations
(Marie Ericens payar	Division of Cornerations

P.O. Box 6327 Tallahassee, FL 32314