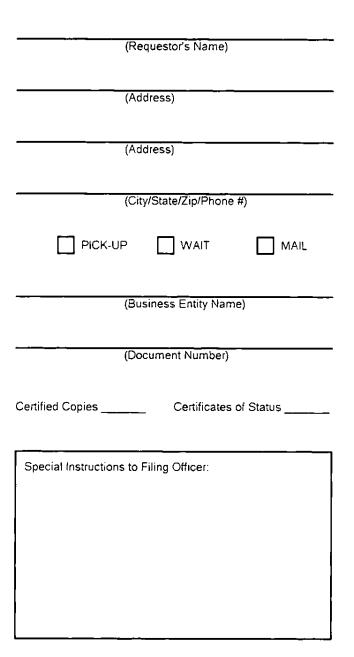
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Office Use Only





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SECULIARY OF STATE FALLACIASSES, FL

FILED

COVER LETTER

Division of Corporations SUBJECT: Peach House on Peach Drive LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000435257 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115	, Florida Statutes, the unc	dersigned.			
United States Corporation Agents, Inc. Name of Registered Agent			, hereby resigns as			
			, hereby resigns as			
Registered Agent for _	Peach House on Pe	each Drive LLC				
	Name of Limit	ted Liability Company				
L23000435257						
Document i	Number, if known					
A copy of this resignat	ion was mailed to the ab	ove listed limited liability	v company at its la:	st known	addre	ess.
The agency is terminal		tinued on the 31st day aft		h this sta	temer	nt is filed
If signing on behalf of	an entity:					
	Cheyenne Mosel	ey				
	Typed or Printed Name					
	Asst. Secretary for Ur	nited States Corporation A	gents, Inc.	Sign of	121	
	FILING F \$ 85.00 \$ 25.00	Capacity FEES: Active limited liability of Administratively dissolved by withdrawn limited liability of the best	company ved/ voluntarily dis	LLAHASSEE. B.	7024 APR 30 PM 12: 2:	FILED

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