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To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : XXXXX-XXXX 850-656-7956
Fax Number : XXXXX-XXXX 850-656-7953

RECEIVED

06 OCT 27 AM 8:00

DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION

OBT, LLC

Certificate of Status	0
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4/20/05

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608 416(2) or 608 509, Florida Statutes, the undersigned,
INCORPORATING SERVICES, LTD., hereby resigns as
(Name of Registered Agent)

Registered Agent for OBT, LLC

(Name of Limited Liability Company)

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(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.

Melissa A. Murry
(Signature of Resigning Agent)

If signing on behalf of an entity:

MELISSA A. MURRY

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

FILING FEES:

\$ 85 00 Active limited liability company
\$ 25 00 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withdrawn limited liability company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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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