MANDA	
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(Address) (City/State/Zip/Phone #)	05/11/1101016007 **150.00
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MAY 1 9 2011 EXAMINER

## **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,

C T CORPORATION SYSTEM

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\_\_\_\_, hereby resigns as

(Name of Registered Agent)

Registered Agent for WEST OF RIVERBEND LLC. (DE.DOM.)

(Name of Limited Liability Company)

M0400004126

(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.

(Signature of fing Agent

If signing on behalf of an entity:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name) ASSISTANT SECRETARY

(Capacity)

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\$ 85.00 \$ 25.00 Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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