

MO5000000189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

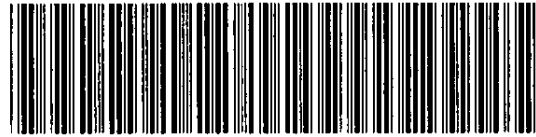
(Business Entity Name)

(Document Number)

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*Resignation
of RA*

09/14/09--01003--023 **85.00

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09 SEP 14 PM 12:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2009 SEP 14 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*AR
9/14/09*

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
2009 SEP 14 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CAPITAL CONNECTION, INC, hereby resigns as
(Name of Registered Agent)

Registered Agent for Diversified Executive Crestview, LLC

(Name of Limited Liability Company)

M05000000189
(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.

Barbara Neely
(Signature of Resigning Agent)

If signing on behalf of an entity:

CAPITAL CONNECTION, INC.
(Typed or Printed Name)

CLIENT REP.
(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withdrawn limited liability company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