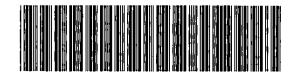
MD6000000188

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



700259794137



05/07/14--01005--016 **440.00

SECRETARY OF STATE TALL PROPERTY OF STATE OF STA

Office Use Only

LLC RAResign

MAY 1 2 2014 T. CARTER

COVER LETTER



*Division of Corporations

SUBJECT:	JOHN S. CLARK COM Name of Limited Liability	PANY, LLC y Company	
DOCUMENT NUMBER:_	M0600000188		
The enclosed Resignation of for filing.	Registered Agent for a Limite	ed Liability Company and fee are submitted	
Please return all corresponde	ence concerning this matter to	the following:	
Tiffa Name	ny Roth of Person	_	
	ate Research, Ltd.	_	
	upont Hwy Idress	_	
	DE 19901 and Zip Code	_	
statrep@na E-mail address: (to be used	tionalcorp.com for future annual report notification)	-	
For further information conc	erning this matter, please call		
Tiffany Roth Name of Pers) 621-3524 e & Daytime Telephone Number	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	ction 608.416(2) or 608.509, Florida Statutes, the under	ersigned,
National Corp	. • : : : : : : : : : : : : : : : : : :	
Name of	igns as	
Registered Agent for	JOHN S. CLARK COMPANY, LLC	
		고 변화
	PH 3: 46	
M0600000018	88	>
Document Number, if k	nown	
	nailed to the above listed limited liability company at	
The agency is terminated and the	e office discontinued on the 31st day after the date on	which this statement is filed.
	A- Lutyw Signature of Resigning Agent	
If signing on behalf of an entity:		
	Andrew Lundgren	
•	Typed or Printed Name	
V	P., National Corporate Research, Ltd.	

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