Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002445473)))



H180002445473ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

LLC REGISTERED AGENT RESIGNATION WILDER/BN PARCEL A LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. CLINE AUG 22 76 18

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

6

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	on 605.0115, Florida Statutes, the u	ndersigned,			
NRAI SERVICES, INC.		, hereby resigns as			
	egistered Agent	,			
Registered Agent for WILDER/E	BN PARCEL A LLC				
registered rigent for			•	722	
	Name of Limited Liability Company		*	<u> </u>	
M06000001794			par di	_	
DocumentNumber,itkno	wn			A	
	iled to the above listed limited liabi		- T.		į
The agency is terminated and the c	office discontinued on the 31st day	after the date on which thi	s stater	nent is	filed.
	Signature of Resigning Age	ent			
If signing on behalf of an entity:	Kristin Bolden				
	Assistant Secretary				
	Typed or Printed Name				
	Capacity				

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withdrawn limited liability company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