

4/18/2018

2018 APR 18 1:05:44 CDT

02122023573 From: Kimberly Laughrey

Division of Corporations

## Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

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To:

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  
LN 411-SEMINOLE LLC**

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

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**C T CORPORATION SYSTEM**

, hereby resigns as

*Name of Registered Agent*

Registered Agent for **LN 411-SEMINOLE, LLC**

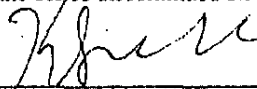
*Name of Limited Liability Company*

**M07000003522**

*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 Resigning Agent*

If signing on behalf of an entity:

**C T Corporation System - Kate Seidita**

*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withdrawn limited liability company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

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TALLAHASSEE, FLORIDA

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