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Division of Corporations Fax Number : (850)617-6383

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Phone	:	(614)280-3338	
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cls-agentresignations@wolterskluwer.com



LLC REGISTERED AGENT RESIGNATION PALM BAY IMPROVEMENTS, LLC

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____ hereby resigns as

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

NRAI SERVICES, INC.

Name of Registered Agent

Registered Agent for _____

PALM BAY IMPROVEMENTS, LLC

Name of Limited Liability Company

M0700006880

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.

Naming Hole - Brown	
Signature of Resigning Agent	د ز. د ز. ن.
If signing on behalf of an entity:	_
NANCY HELM-BROWN	5
Typed or Printed Name	
ASSISTANT SECRETARY	حــــــــــــــــــــــــــــــــــــ
Capacity	ۍ دن
FILING FEES: \$ 85.00 Active limited liability co	mpany

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)