M10000003821

(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:					

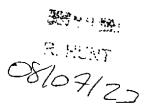
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COVER LETTER

CORCORDIA EQUITY, L.C.		
SUBJECT: Name of Limited Liability	Company	
DOCUMENT NUMBER: M10000003821		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are	e submitted
Please return all correspondence concerning this matter to th	e following:	
Michelle Fair		
Name of Person		
Business Filings Incorporated		
Name of Firm/Company		
8020 Excelsior Drive Suite 200		179
Address		
Madison, WI 53717	7.	1
City/State and Zip Code	· (3) (<u>1</u> 7)	PE
	SCEE, FL	<u></u>
E-mail address: (to be used for future annual report notification)	· =	σ
For further information concerning this matter, please call:		~
Michelle Fair 608	827-5300	
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations

TO:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115	, Florida Statutes, the unders	signed.			
Business Filings In	corporated		hereby resign	ns as		
	Name of Registered Agent					
Registered Agent for	CORCORDIA EQU	ITY, L.C.				
	Name of Limi	ted Liability Company	<u> </u>		.	-
M10000003821						
Document N	umber, if known					
A copy of this resignati	on was mailed to the al	bove listed limited liability o	ompany at its	s last kno	wn ad	dress.
The agency is terminate	ed and the office discor	Signature of Resigning Agent	the date on w	thich this	staten	ient is filed
If signing on behalf of a	an entity:				3.3	
	Michelle Fair					
	•	rped or Printed Name or Business Filings Inco	orporated		:-7	
		Capacity		JE STATE SEE, FL	PH 1: 16	
	\$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	mpany d/ voluntarily ty company	dissolv	ed/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314