

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

Frcm:

Account Name : MILAM HOWARD, ET.AL.

Account Number: I20000000206 Fhone : (904)357-3660 Fax Number : (904)357-3661

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

Email Address:

REGISTERED AGENT RESIGNATION ARLINGTON CARDINAL PLAZA LLC

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EXAMINER

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	tions of section 605.0115, Florida Statutes,	me midarsigned,	
Milam Howard N	candri Dees & Gillam, P.A.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	Arlington Cardinal Plaza, LLC		
10gmm ou 1 gmm 10.			E
	Name of United Liability Company		AUG.
M12000002862		,⊀,	ज
Document	Number, if known		
A copy of this resigns	ation was mailed to the above listed limited	liability company at its last known add	ress. ఆ ఆ
The agency is termine	ated and the office discontinued on the 31st		ent is filed.
If signing on behalf of	f an eatity:)	
	G. Alan Howard	•	
	Typed or Printed Name		
	President		
	Capacity		

\$ 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withdrawn limited liability company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 Tallaliassee, FL 32314

INHS17 (2/14)