M12000004584

Z001/002

Division of Corporations

Page 1 of 1

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.

(((H17000287086 3)))



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

To:

Division of Corporations

Fax Number

(850)617-6383

From:

ACCOUNT Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO ABOZARTH, P.A.

Account Number: 076077001702
Phone: (407)841-1200

Fax Number : (407)423-1831

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

Email Address:

LLC REGISTERED AGENT RESIGNATION ISLAND REALTY NDE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85,00

PILEU

OCT 31 PH-7:-57

CREINAY OF STATE

CREINAY OF STATE

450

Electronic Filing Menu

Corporate Filing Menu

Help

10/31/2017

INHS17 (2/14)

 $(((H17000287086\ 3)))$

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Dean Mead Servi	ces LLC			1
Dear Mode Corr.	Name of Registered Ager		, hereby resigns as	
Registered Agent for _	Jeland Pealty NID			
g u .				,
	Name of Lim	ited Liability Company		
M12000004584				l l
Document	Number, if known			Ì
A copy of this resigns	ition was mailed to the a	above listed limited liability	company at its last known a	ddress.
The agency is termina	ited and the office disco	intinued on the 31st day after	er the date on which this state	ment is filed.
	Dean Mead Service	ces, LLC		·
	By:	Signature of Resigning Agent		
If signing on behalf o	f an entity:	\mathcal{O}		
	Stephen R. Loon	iev		— 17
	Т	yped or Printed Name		
	Vice President o			13 ====================================
	•	Capacity	<u>ක්.</u>	m
	FILING	FEES:	ORIG ORIG	
	\$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve withdrawn limited liabilities.	ed/voluntarily dissolved/	57
	Make checks payab	ble to Florida Department of Division of Corporations	State and mail to:	
		P.O. Box 6327		l

(((H17000287086 3)))