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

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO 6'BOZARTH, 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 one email address please.**

Email Address:

LLC REGISTERED AGENT RESIGNATION MCDONALD LEEVISTA F, LLC

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EXAMINER

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115, Florida Statutes, the	undersigned,
Dean Mead Services, LLC Name of Registered Agent		, hereby resigns as
Registered Agent for	McDonald LeeVista F, LLC	
	Name of Limited Liability Company	•
M14000004	632	
Document Nun	nber, if known	
The agency is terminated	Dean Mead Services, LLC By: Signature of Resigning A	y after the date on which this statement is filed.
•	Vicki L. Berman Typed or Printed Name	A A
	Vice President of Sole Member Capacity	9: 45

<u>FILING FEES:</u>

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company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)

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