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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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## LLC REGISTERED AGENT RESIGNATION AMERICAN LANDMARK CAROLINA MANAGEMENT LLC

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605,0115, Florida	Statutes, the undersigned,	
C T CORPORATION SYSTEM		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	AMERICAN LANDMARK C	AROLINA MANAGEMENT LLC	
	Name of Limited Liabilit	y Company	
M16000003148			
Document	Number, if known		
• •		d limited liability company at its last known address.  The 31st day after the date on which this statement is a second content is a second content in the statement is a second content in the statement is a second content in the statement is a second content in the second content in the second content is a second content in the	
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If signing on behalf of	of an entity:	of Refigurity Agent	
	Kimberly Laughrey	Ţ.	
	Typed or Prin	ned Name	
	Assistant Secr	etary	
	Capacity	<u> </u>	

FHANG FEES:
\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 Tallahussee, FL 32314