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.

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

2021-11-04 15:25:54 CST

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned, C T CORPORATION SYSTEM \_, hereby resigns as Name of Registered Agent Registered Agent for \_\_\_ DOMIO WYNWOOD I LLC Name of Limited Liability Company M19000009910 Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. If signing on behalf of an entity: Kimberly Laughrey Typed or Printed Name **Assistant Secretary** Capacity

FILING 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withdrawn limited liability company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
Tallahassee, FL 32314