

04/07/2015 11:52 FAX 4074201831  
Division of Corporations

DEAN MEAD ORLANDO

001

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 641-1200  
Fax Number : (407) 443-1831

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

Email Address: mfendle@deanmead.com

LLC REGISTERED AGENT RESIGNATION  
601 W. COLONIAL DRIVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SJB

15 APR -7 AM 10:00

REGISTRATION SERVICES

15 APR -7 AM 9:26  
SECRETARY OF STATE  
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04/07/2015 1:52 FAX 4074231831

DEAN MEAD ORLANDO

002

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**Dean Mead Services, LLC**

, hereby resigns as

Name of Registered Agent

Registered Agent for **601 W. Colonial Drive, LLC**

Name of Limited Liability Company

**L08000099836**

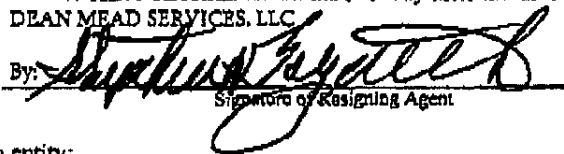
Document Number, if known

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.

**DEAN MEAD SERVICES, LLC**

By:



Signature of Resigning Agent

If signing on behalf of an entity:

**Stephen J. Bozarth**

Typed or Printed Name

**Vice President**

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withdrawn limited liability company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

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