

From: 813-877-9290 To: 8502050380 Page: 2/4 Date: 2/27/2007 3:33:35 PM
L03000041605

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : GIBBONS, COHN, NEUMAN, BELLO & SEGALL & ALLEN, P.A.
Account Number : I20000000178
Phone : (813)877-9222
Fax Number : (813)877-9290

REGISTERED AGENT RESIGNATION

H.G. JOHNSON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

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DIVISION OF CORPORATIONS

FILED
07 FEB 27 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: H. G. Johnson, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L03000041605

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

H. Gregory Johnson

(Name of Person)

H.G. Johnson, LLC

(Name of Firm/Company)

PO Box 10234

(Address)

Swanzy, NH 03446

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary A. Gibbons

(Name of Person)

at (813) 887-9222

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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(NHS17(11/02))

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Gary A. Gibbons, hereby resigns as

(Name of Registered Agent)

Registered Agent for H.G. Johnson, LLC

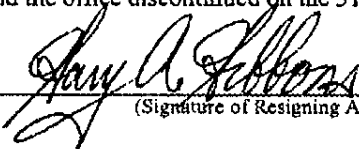
(Name of Limited Liability Company)

L03000041605

(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

GARY A. GIBBONS
(Typed or Printed Name)

(Capacity)

FILED
07 FEB 27 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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