Division of Corporations

Page 1 of 2

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To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702)B66-2500 : (702)866-2689

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

Email Address: WSN

LLC REGISTERED AGENT RESIGNATION 3401 37TH STREET, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations	ξ .:		
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SUBJ	ECT:			
		nited Liability	Company	
DOC	UMENT NUMBER: L13000064296			
The enfor fill	nclosed Resignation of Registered Agent ing.	for a Limited	Liability Company and fee	are submitted
Please	return all correspondence concerning thi	is matter to th	e following:	
Wen	dy Hefiey			
	Name of Person			
Inco	rp Services, Inc.			
	Name of Firm/Company			
3773	B Howard Hughes Parkway, Sulte 500)S		
	Address	· .		
Las V	/egas, NV 89169-6014	j		
	City/State and Zip Code	•		
proc	essing@incorp.com			
E	-mail address: (to be used for future annual report	notification)		
For fu	rther information concerning this matter,	please call:		
Incon	p Services, Inc./Wendy Hefley	702	866-2500 ext 6904	
	Name of Person	Area Code	866-2500 ext 6904 Daytime Telephone Number	
liabilit	sed is a check made payable to the Florid ty company or \$25.00 for an administration ty company.	a Department vely dissolved	of State for \$85.00 for an a l, voluntarily dissolved or v	ctive limited vithdrawn limited
	ING ADDRESS:		T ADDRESS:	
	ration Section	Registration Section		
	on of Corporations	Division of Corporations		
	D. Box 6327 Clifton Building Ilahassee, FL 32314 2661 Executive Center Circle			
រងអង	855CC, FL 32314		see, FL 32301	
		V (Y	~~	

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115,	Florida Statutes, the undersigned,
Incorp Services, Inc.	, hereby resigns as
Name of Registered Agent	
Registered Agent for	# ### ### ### ### ### #### ###########
3401 37TH STREET, LLC	3 - 1986 - 1
Name of Limite	d Liability Company
L13000064296	
Document Number, if known	ove listed limited liability company at its last known address.
A conv of this resignation was mailed to the abo	ove listed limited liability company at its last known address.
	89.
The agency is terminated and the office disconti	inued on the 31st day after the date on which this statement is file
WS	
3	Manatury of Recigning Agent
If signing on behalf of an entity:	(\
Wendy Hefley for	Incorp Services, Inc.
Туре	ed or Printed Name
Authorized Repres	sentative
	Capacity
	,
	and the second s
FILING F	
\$ 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