Florida Department of State

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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 CHAP30A, FL #1 LLC

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To: 18506176383

Page: 2/2

Fax: 8134365206

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.011	5, Florida Statutes, the unde	ersigned,		•
REGISTERED AGENTS, INC.			_, hereby resigns as	多美了	رز
}	Same of Registered Age	ent	_, , ,		
Registered Agent forC	HAP30A, FL #	#1 LLC		35%	7
				Sec. 3	1
	Name of Lin	nited Liability Company			
L23000459725				All Co	,
Document Num	ber, if known				
A copy of this resignation	was mailed to the	above listed limited liability	company at its last k	nown address.	
The agency is terminated	and the office disco	ontinued on the 31st day after	er the date on which t	his statement is filed.	
-	D	avid Boeyt S			
If signing on behalf of an	entity:				
-		David Roberts			
		Typed or Printed Name			
-	A	ssistant Secretary Capacity			
	FILING \$ 85.00 \$ 25.00		ompany ed/ voluntarily disso lity company	lved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314