

L12000059024
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : ALECO HARALAMBIDES, P.A.
 Account Number : I20140000069
 Phone : (305) 854-5206
 Fax Number : (305) 854-1087

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

Email Address: _____

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CLAUGHTON STREET, LLC**

Certificate of Status	0
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D. SCOTT

FEB 22 2017

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Help

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

HB CAPITAL PARTNERS, LLC

Name of Registered Agent

, hereby resigns as

Registered Agent for CLAUGHTON STREET, LLC

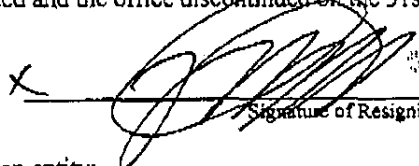
Name of Limited Liability Company

L12000059024

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.

X 
Signature of Resigning Agent

If signing on behalf of an entity:

VICTOR P. BALESTRA

Typed or Printed Name

MANAGING MEMBER

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withdrawn limited liability company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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TALLAHASSEE, FLORIDA