

**A97000002638**

Florida Department of State  
Division of Corporations  
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To:  
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Fax Number : (850) 617-6380

From:  
Account Name : HODGSON RUSS LLP  
Account Number : 072720000242  
Phone : (561) 394-0500  
Fax Number : (561) 394-3962

**REGISTERED AGENT RESIGNATION**

**ALBERTA ASSOCIATES, LTD.**

Certificate of Status	0
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Page Count	01
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*RA Resign  
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**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

HRAWG Corp.  
Name of Registered Agent

, hereby resigns as

Registered Agent for ALBERTA ASSOCIATES, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

A97000002638  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.



Signature of Registered Agent

If signing on behalf of an entity:

David M. Stark  
Typed or Printed Name

Vice President  
Capacity

Filing Fee: \$87.50  
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