Nagin Gallop Figueredo, P.A. 3225 Aviation Avenue Third Floor Miami, Florida 33133		2/5	248
City/State/Zip Phone #		5/26	000056217880 -05/28/0201074007 *****25.00 *****25.00
1. Corporation NAME(S) & DOCUM	ENT		•
2. (Corporation Name) 3. (Corporation Name)		(Document #)	MJH
4(Corporation Name) Walk in Pick up time Mail out Will wait		(Document #) Photocopy	Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Change of Registered Dissolution/Withdray Merger	1 Agent SSEY & F wal SSEY ≥ III
OTHER FILINGS Annual Report Fictitious Name	RE	Foreign Limited Partnership Reinstatement Trademark Other	≥≥ o
			Examiner's Initials

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 608.41	l 6(2) or 608.509, Florida Statute	s, the undersigned	1,		
Luis R. Fig						
Registered Agent for		luctions, LLC.				
	(Name of L	Limited Liability Company)	<u> </u>			5
A copy of this resignation	n was mailed to the	above listed limited liability con	mpany at its last k	cnown ado	iress.	
The agency is terminated is filed.	and the office disc	continued on the 31st day after	the date on which	ı this state	ement	
		Signature of resigning agent)				
If signing on behalf of an						
•		(Typed or printed name)		1		5,
	1	(Capacity)	<u> </u>	SECK	02 HAY	esectoral.
	FILING \$ 85.00 \$ 25.00	FEES: Active Limited Liability Cor Dissolved Limited Liability	mpany Company	ETARY OF STATE HASSEE FLORID	Y 28 AM 9: 06	

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

INHS17(10/99)