

Florida Department of State Division of Corporations

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To: Division of Corporations Fax Number ; (850;617-6390

From:

Account Name : HODGSON RUSS LLP Account Number : 072720000242 Phone : (716)848-1371 Fax Number : (716)849-0349

TAXABLE IN ALL ADDRESS OF A

## **REGISTERED AGENT RESIGNATION**



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## **RESIGNATION OF REGISTERED AGENT** FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416(2) or 608.509, Florida Statutes,

hereby resigns as Registered Agent for the undersigned, HRAWG CORP. (Name of Registered Agent)

SIGNET MEDICAL SOLUTIONS, LLC

(Name of Limited Liability Company)

L01000015400 (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 statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

David M. Stark (Typed or Printed Name)

> Vice President (Capacity)

Fee for filing this document: \$85.00 - Active limited liability company \$25.00 - Administratively dissolved/voluntarily dissolved/

withdrawn limited liability compnay

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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