CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (85) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 Constant of the street of the

Signature

Requested by:

Date

Will Pick Up

Time

Name

Walk-In

15800

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| Art of Inc. File |
|--------------------------------|
| LTD Partnership File |
| Foreign Corp. File |
| L.C. File |
| Fictitious Name File |
| Trade/Service Mark |
| Merger File N |
| Art. of Amend. File |
| RA Resignation |
| Dissolution / Withdrawal |
| Annual Report / Reinstatement |
| Cert. Copy |
| Photo Copy |
| Certificate of Good Standing |
| Certificate of Status |
| Certificate of Fictitious Name |
| Corp Record Search |
| Officer Search |
| Fictitious Search |
| Fictitious Owner Search |
| Vehicle Search |
| Driving Record |
| UCC 1 or 3 File |
| UCC 11 Search |
| UCC 11 Retrieval |
| Courier \(\bigv\) |

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, | |
|---|---------------------------------------|
| Capital Connection, Inc., hereby resigns as | |
| Registered Agent for 1914 New Orleans, LLC. | |
| (Name of Limited Liability Company) | |
| A copy of this resignation was mailed to the above listed limited liability company at its last known address, | <u>.</u> . |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. | |
| (Signature of resigning agent) | · · · · · · · · · · · · · · · · · · · |
| If signing on behalf of an entity: | |
| Weimar Lopez for Capital Connection, Inc. | - |
| (Typed or printed name) | - |
| Registered Agent Coordinator | |
| (Capacity) | |

FILING FEES:

\$ 85.00 Active Limited Liability Company \$ 25.00 Dissolved Limited Liability Company

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

INHS17(10/99)