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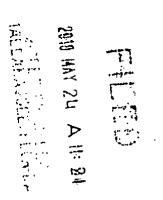
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COVER LETTER

Itara Investmente III.C	
SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L02000009671	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Corinne P. McClure, Senior Paralegal	
Name of Person	
McGuireWoods LLP	
Name of Firm/Company	
50 North Laura Street, Suite 3300	
Address	
Jacksonville, FL 32202	
City/State and Zip Code	
cmcclure@mcguirewoods.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Corinne McClure 904	798-3294
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.011	5, Florida Statutes, the ur	ndersigned,	
RAX Co.			, hereby resigns as	
	Name of Registered Age			
Registered Agent for Ite	era Investments L	LC	· ·	
				,
	Name of Lin	nited Liability Company		
L02000009671				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the	above listed limited liabil	ity company at its last	known address.
The agency is terminated	d and the office disco	ontinued on the 31st day a	ifter the date on which	this statement is file
	Kun O	Signature of Resigning Age		
		Signature of Resigning Age	nt	
If signing on behalf of a	n entity:			
	Lisa O. Taylor		至	261
	President	Typed or Printed Name	T.	FF FL E
		Capacity		24
			다. 다.	A D
	FILING \$ 85.00	FEES: Active limited liability Administratively disso	y company	6.F)
	\$ 25.00	Administratively disso withdrawn limited lia	olved/ voluntarily diss bility company	iôlved/

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