102,0000/0575

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700136195757

10/01/08--01014--001 **85.00

MALAHASSEE FLORIDA

CT - 1 PH 2:39

A PO) 13

TO: Amendment Section Division of Corporations

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

Date: September 18, 2008

Subject: Resignation of Registered Agent for Baron Hall, LLC

Document Number: L02000010575

Enclosed is a check made payable to the Florida Department of State for \$85.

All correspondence regarding this matter should be sent to:

Baron Hall Baron Hall, LLC 7025 CR 46A Suite 1071 Heathrow, FL 32746 407-709-7873

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	ction 608.416(2) or	· 608.509, Florida	Statutes, the undersigned	∌d,	
Loni Augen			, hereby resigns as	S	
(Name o	f Registered Agent)		,,		
Registered Agent for	non Hall,	LLC			
<u> </u>	(Name of Limited	Liability Company)		,	
102000010575					
(Document Number, if know	wn)				
A copy of this resignation was n	nailed to the above	listed limited liat	oility company at its last	known address.	
The agency is terminated and the	Lai	ed on the 31st day	<u> </u>	this statement is filed	
If signing on behalf of an entity:	:	7 €	·	Y OF SE	274
	(Typed	or Printed Name)		2: 40 \$1505 100000	
	(C	apacity)			

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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