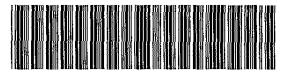
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ar Koma Basin H LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: LO2000 25710
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chris Kozlowski CPA EA (Name of Person)
Solano and Associates (Name of Firm/Company)
640 N. Semoran (Address)
Orlando FL 32807 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert C. Link at (407) 230 - 6061 (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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section of	38.416(2) or	608.309, F10T1	da Statutes, the	undersign	ea,		
Robert	(Name of Registe	nk	·	, hereb	y resigns as	;		
	(Name of Registe	red Agent)		,,,	,			
Registered Agent for _	1000	<del>906</del> 2:	5710	Arkon	nes Be	14 0/12	الم	_(
				. :				
	(Nam	e of Limited L	iability Company	)	<u></u>	<del></del>		
LO2000 (Document Nur	2571	1(2	•	, ,	٠.			<u>.</u>
A copy of this resignati	ion was mailed t	to the above!	listed limited l	iability compar	ny at its last	known add	lress.	
The agency is terminate	ed and the office	discontinue	ed on the 31st o	lay after the da	te on whicl	this statem	ent is	filed.
	N	20 2	Z/	· _ · _ · · _ · · · · · · · · · · · · ·	, if			
		(Signature of	f Resigning Agen	t)	<del></del>			
If signing on behalf of	an entity:					SECR	02 E	**************************************
		(Typed o	or Printed Name)	<u> </u>	3.	ETARY	9-3	
		(Cap	pacity)	<u> </u>	· ·	OF STATE E. FLORIJ	AM 10: 23	

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