## L02000028028

(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	ne #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

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EXAMINER



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TALLAHASSEE FLORIDA

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12 JAN 23 AM 10: 53

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SECRETARY OF STATE DIVISION OF CORPORATIONS



ACCOUNT NO. : I2000000195

EXAMINER:

REFERENCE : 066933 7819783

AUTHORIZATION \_:/

COST LIMIT

DRDER	DATE	:	January	19,	2012
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ORDER TIME : 9:39 AM

ORDER NO. : 066933-100

CUSTOMER NO: 7819783

## FOREIGN FILINGS

NAME: EXERGY GROUP, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Stephanie Milnes EXT# 2920

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

Pursuant to the provision	ons of section 608.416(2) or 608.	509, Florida Statutes, the undersigned,
TCS Corporate S	ervices, Inc.	, hereby resigns as
· · · · · ·	(Name of Registered Agent)	.509, Florida Statutes, the undersigned,, hereby resigns as
Registered Agent for _	Exergy Group, LLC	•
	(Name of Limited Liabil	ity Company)
L02000028028		
(Document Num	ber, if known)	
.,		d limited liability company at its last known address.  the 31st day after the date on which this statement is filed.
The agency is communication	Aut Dulo	of Resigning Agent)
If signing on behalf of	an entity:	
	Keith Nichols	
	(Typed or Pri	nted Name)
	Vice President	
	(Capacit	у)

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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