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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : HODGSON RUSS LLP

Account Number : 072720000242 Phone : (716)848-1371

Fax Number : (716)849-0349

STATE LORIDA SECULIARY OF STATE

REGISTERED AGENT RESIGNATION

C3 LICENSING, LLC

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\$35.00.

Electronic Filing Menu

Corporate Filing Menu

Help

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	sections 608.416	5(2) or 608.509, Florida Statutes,	
the undersigned, HRAWG C	ORP une of Registered Agent)	, hereby resigns as Registe	red Agent for
· ·	- ,		
	LICENSING, LL Name of Limited Liability		
	Manua or troubles Timbilli	у Сомрину)	
(Document Number, if known)		•	
• • • • • • • • • • • • • • • • • • • •			
A copy of this resignation we known address.	as mailed to the a	bove listed limited liability compar	ny at its last
The agency is terminated and statement is filed.	l the office discor	ntinued on the 31st day after the date	e on which this
\$85. \$25.	David (Typed of Vice (Co for filling this docum 00 - Active limited 00 - Administrative withdrawn lim be checke payable to Flori Division P.O	d M. Stark r Printed Name) President Espacity) ment: liability company ely dissolved/voluntarily dissolved/ nited liability compnay ids Department of State and mail to: of Corporations D. Box 6327 sage, FL 32314	FILED 09 AUG -6 PM 3: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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