Division of Comporation

р. 1

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6380

From;

Account Name : HODGSON RUSS LLP Account Number : 072720000242 : (716)848-1371 Phone Fax Number

: (716)849-0349

REGISTERED AGENT RESIGNATION

COMPLIANT POLICY IMPLEMENTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

H09000177403 3

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY.

the undersigned, <u>HRAWG CORP.</u> (Name of Registered Agent)	, hereby re	signs as Registere	d Agent f	or
COMPLIANT POLI	CY IMPLEMENTO	ORS. LLC		
(Name of Limited Liabili			-	•
L03000017991 (Document Number, if known)	•			
A copy of this resignation was mailed to the a known address.	bove listed limited	liability company	at its last	:
The agency is terminated and the office disco	ntinued on the 31st	day after the date	on which	this
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(Signature	of Resigning Agent)		££	ט וַ
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		•	6 27	PM 2: 59
If signing on behalf of an entity:			P E	6 5
	d M. Stark			
(Typed	or Printed Name)			
	President			
(Capacity)			
	•			
<u>Fee for filing this does</u> \$85,00 - Active limite				
\$25.00 - Administrati		rily dissolved/		

withdrawn limited liability compnay

Make checks payable to Florida Department of State and mali to:
Divition of Corporations
P.O. Box 6327
Talkhames, FL/32314