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TRANSMITTAL LETTER

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Amendment Section Division of Corporations

TO:

INHS17(11/02)

SUBJECT: Rayo/Lerma Holdings 7, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L03000021519
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:
Thomas O. Wells, Esq. (Name of Person)
Thomas O. Wells, Esq. (Name of Person) Berger Singerman, P.A. (Name of Firm/Company) 200 S. Biscayne Blvd., Suite 1000 (Address)
200 S. Biscayne Blvd., Suite 1000 (Address)
Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Thomas O. Wells, Esq. at (305) 714-4360 (Area Code & Daytime Telephone Number)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	ions of section 608.416(2) or	r 608.509, Florida Statu	tes, the undersigned,	ı	
Olga Lerma		, hereby resigns as			
	(Name of Registered Agent)		• <u>•</u> <u>•</u> .	- •	
Registered Agent for	Rayo/Lerma Holdings	7, LLC			
	(Name of Limited	Liability Company)	.		
L03000021519					
(Document N	umber, if known)			± 321 17	
A copy of this resigna	ation was mailed to the above	isted limited liability	company at its last k	nown address.	
The agency is termina	ated and the office discontinu	96/	the date on which t	his statement is filed. AHASSET	
If signing on behalf o	f an entity:	1		₹ 17	
	N/A	·		9: 43 LUMUA	
	(Typed	or Printed Name)		43 A	
		Capacity)		rest.	

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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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