

Florida Department of \$tate

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Division of Corporations

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From:

Account Name

: HODGSON RUSS LLP

Account Number : 072720000242 Phone

1 (561)394-0500

Fax Number

: (561)394-3862

REGISTERED AGENT RESIGNATION

TRST CHOICE CORPORATE HOUSING GROUP LLC RARESIGN Thems 6-30-09

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of sections 608.416(2)	or 608.509, Florida Statute	s, 🦃 💆
the undersigned,	HRAWG Corp. (Name of Registered Agent)	, hereby resigns as Rep	gistered Agent for
FIRS	CHOICE CORPORATE	HOUSING GROUP LLC	
	(Name of Limited Liability Co		0 F
L0400017363 (Document Number, If	known)		RIDA
A copy of this resignation known address.	ation was mailed to the above	ve listed limited liability cor	npany at its last
The agency is termina statement is filed.	ated and the office discontin	nued on the 31st day after the	date on which this
	7		
	(Signature of Re	signing Agent)	_
,			
If signing on behalf o	f an entity:	:	
	David N	A1	
	Vice Pro	sident	_
	Fee for Aling this documen	t:	

\$85.00 - Active limited liability company
\$25.00 - Administratively dissolved/voluntarily dissolved/

withdrawn limited liability compnay

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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