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TO:

| Division | ٥£ | Corporations | |
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| Fax Numbe. | r | : (850)617-6 | 383 |

From:

: AVILA RODRIGUEZ HERNANDEZ MENA & FERRE Account Name Account Number : I20070000136 : (305)779-3564 Fax Number : (305)779-3561

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

asanz(e) aehm Email Address:

Phone

LLC REGISTERED AGENT RESIGNATION STORMANN'S HOLDINGS, LLC

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| COVER LETTER | |
| TO: Amendment Section Division of Corporations | |
| SUBJECT: Stormann's Holdings, LLC Name of Limited Liability Company | |
| DOCUMENT NUMBER: | |
| The enclosed Resignation of Registered Agent for a Limited Liability Compa for filing. Please return all correspondence concerning this matter to the following: | any and fee are submitted |
| Ana Sanz Name of Person | |
| | |
| Interamerican Corporate Services, LLC Name of Firm/Company | 2011 -SEI TALL |
| Interamerican Corporate Services, LLC Name of Firm/Company 2525 Ponce de Leon Blvd. Suite 1225 Address | 2011 JUN - 9 SECRETAR TALLAHASS |
| Name of Firm/Company | 2011 JUN -9 AM 9 SECRETARY OF STA TALLAHASSEE, FLOP |
| Name of Firm/Company 2525 Ponce de Leon Blvd. Suite 1225 Address Coral Gables, FL 33134 City/State and Zip Code asanz@arhmf.com E-mail address: (to be used for future annual report notification) | m – |
| Name of Firm/Company 2525 Ponce de Leon Blvd. Suite 1225 Address Coral Gables, FL 33134 City/State and Zip Code | AM 9: 19 E. FLORIDA |

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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411000153091 3 **RESIGNATION OF REGISTERED AGENT FOR A LIMITED** LIABILITY COMPANY Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, Interamerican Corporate Services, LLC _, hereby resigns as Name of Registered Agent Stormann's Holdings, LLC Registered Agent for ____ Name of Limited Liability Company L05000082549 Document Number, if known A copy of this resignation was mailed to the above listed limited liability company at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. all set Signature of Resigning Agent 1 :6 WY 6- NNF 1102 If signing on behalf of an entity: Typed or Printed Name LED Capacity Active limited liability company Administratively dissolved/ voluntarily dissolved/ \$ 25.00 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

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