Florida Department of State

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Division of Corporations

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: (850)617-6380

From:

Account Name : HODGBON RUSS LLP Account Number : 072720000242 Phone : (561)394-0500 Fax Number : (561)394-3862

REGISTERED AGENT RESIGNATION



GMR NC, LLC	Mesegn Mesegn
Certificate of Status	1 Town
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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of sections 608.416(2) or 60	8.509, Florida Statutes,	30
the undersigned,	HRAWG Corp. (Name of Registered Agent)	hereby resigns as Registered	Agent for 3
	GMR NC, LLC	· 1	一能五十
	(Name of Limited Liability Company)		
L05000091362 (Document Number, if)	tnown)	:	MR 8: 05 SEE. FLORIE
A copy of this resigna known address.	tion was mailed to the above liste	ed limited liability company	at its last P
The agency is termina statement is filed.	ited and the office discontinued of	n the 31 st day after the date o	on which this
	—		
	(Signature of Resigning A	gent)	
		•	
If signing on behalf of	f an entity:		•
,	David M. Star		
	(Typed or Printed Nam	ie)	
	Vice President (Capacity)	· ·	
	For for filing this decuments		

Fee for filing this document:

\$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\$25.00 - Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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 Tallabussec, FL 32314

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