L05000113884

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SECRETAINY OF STATE

J. HARRIS

COVER LETTER

SUBJECT: Core Naturals, LLC Name of Limited Liabili	y Company
DOCUMENT NUMBER: L0000113884	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Mitchell Propster	
Name of Person	_
Name of Firm/Company	_
300 N. New York Ave. #308	
Address	_
Winter Park, FL 32789	
City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Mitchell Propster 321	525-5335
Name of Person Area Cod	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departme liability company or \$25.00 for an administratively dissolv liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limit

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115	5, Florida Statutes, the und	ersigned,		
Mitchell Propster	, hereby resigns as				
Name of Registered Agent					
Registered Agent for _	Core Naturals, LLC	 	<u></u>		
	Nome of Lim	ited Liability Company		 	,
	Name of Lim	ned Clability Company			
L05000113884					
Document N	lumber, if known				
A copy of this resignation	ion was mailed to the a	bove listed limited liability	company at its last k	nown addr	ess.
The agency is terminate	ed and the office discor	ntinued on the 31st day after the state of Resigning Agent	er the date on which the	his stateme	ent is filec
If signing on behalf of	an entity:				
	Mitchell Propster	r			
	T	yped or Printed Name			
	Registered Agen	nt		7	
		Capacity			כ
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabi	ompany ved/ voluntarily disso lity company	NETARY OF STATE	3

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