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Amendment Section Division of Corporations

TO:

| CUBICCE. CLINDANI LIC | DLDINGS, LLC | | |
|--|--|--|--|
| SUBJECT: SUNBAN HC Name of Limite | d Liability Company | | |
| DOCUMENT NUMBER:L | .06000077075 | | |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. | | | |
| Please return all correspondence concerning this n | natter to the following: | | |
| Stuart E. Bloch, Esq. Name of Person | | | |
| Stuart E. Bloch, P.A. | | | |
| Name of Firm/Company | | | |
| 980 N. Federal Highway, Suite 302 Address | | | |
| Boca Raton, Florida 33432 City/State and Zip Code | | | |
| Stuart@seblochlaw.com E-mail address: (to be used for future annual report not | | | |
| For further information concerning this matter, please call: | | | |
| Stuart E. Bloch at (| 561) 338-7299 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn tlimited liability company. | | | |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sec | ction 608.416(2) or 608.50 | 99, Florida Statutes, the undersigned, |
|------------------------------------|------------------------------|--|
| Stuart | E. Bloch, Esq. | , hereby resigns as |
| | f Registered Agent | · • • |
| Registered Agent for | N HOLDINGS, LLC | |
| | Name of Limited Liability | Company |
| L0600007707 | 75 | |
| Document Number, if k | cnown | |
| A copy of this resignation was n | nailed to the above listed l | limited liability company at its last known address. |
| The agency is terminated and the | e office discontinued on tl | he 31st day after the date on which this statement is filed. |
| <u>J.</u> | Signature of | Resigning Agent |
| If signing on behalf of an entity: | | |
| | Typed or Printed | Name |
| | Capacity | |

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