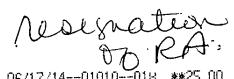
L06000120381

| (Red | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Add | dress) | | | |
| (Add | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Do | cument Number) | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600261234676





11/14

COVER LETTER

| TO: | Registration Section Division of Corporation | ns | | | | |
|---|---|------------------------|---------------|---|--|--|
| SUBJE | CT: 3752 S.W. 30TH | AVENUE, LLC | | | | |
| Name of Limited Liability Company | | | | | | |
| DOCU | MENT NUMBER: | L06000120381 | | | | |
| The enc for filin | | egistered Agent fo | or a Limited | Liability Company and fee are submitted | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| ROBIN | MOLT | | | | | |
| | Name of | Person | | | | |
| CORP | ORATION SERVICE | COMPANY | | | | |
| | Name of Firm | 1/Company | | | | |
| 80 ST/ | ATE STREET | | | | | |
| | Addre | ess | | | | |
| ALBAN | NY NY 12207 | | | | | |
| | City/State and | d Zip Code | | | | |
| RMOL | T@CSCINFO.COM | | | | | |
| E-n | nail address: (to be used for | future annual report r | notification) | | | |
| For furt | her information concern | ning this matter, p | lease call: | | | |
| ROBIN | MOLT | at (| 518 | 433-7018 Daytime Telephone Number | | |
| | Name of Person | ut \ | 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. | | | | | | |

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

مستازاتان عجم

| Pursuant to the provision | ons of section 605.0115, Florida Statutes, the understand | igned, | | | |
|---------------------------|---|---|--|--|--|
| CORPORATION S | SERVICE COMPANY | igned, | | | |
| | Name of Registered Agent | 70 | | | |
| Registered Agent for | 3752 SW 30TH AVENUE, LLC | The Property | | | |
| | Name of Limited Liability Company | O.F. O. | | | |
| L10000084942 | | | | | |
| Document Number, if known | | | | | |
| A copy of this resignati | ion was mailed to the above listed limited liability co | ompany at its last known address. | | | |
| The agency is terminate | ed and the office discontinued on the 31st day after t CORPORATION SERVICE COMPANY Signature of Resigning Agent | he date on which this statement is filed. | | | |
| If signing on behalf of a | an entity: | | | | |
| | ROBIN MOLT | | | | |
| | Typed or Printed Name | | | | |
| ASST SECRETARY | | | | | |
| | Capacity | | | | |

FILING FEES:

\$ 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 Tallahassee, FL 32314