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(((H11000192893 3)))



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AUG -4

J. SAULSBERRY **EXAMINER** 

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## H11000192893

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of secti	on 608.416(2) or 608.509	, Florida Statutes, the u	ndersigned,		
GICHERMAN RAQUEL J.		herehv	, hereby resigns as		
Name of Registered Agent					
Registered Agent for		MY GI, LLC		<del></del>	
	Name of Limited Liability Co	ompany			
L07000007550	)				
Document Number, if kn	own				
A copy of this resignation was me	ailed to the above listed li	nited liability company	at its last known add	iress.	
The agency is terminated and the	office discontinued on the	: 31st day after the date	on which this staten	rent is f	iled.
(Sie	PLAKUTUPY nature of Resigning Agent)		IA.	*	
If signing on behalf of an entity:	,		ECRETAR) LLAHASSE	2011 AUG -4	Ti
	GICHERMAN, F		ASS.	က က	
	Typed or Printed	Name	SE ?	+	1
	MEMBER - SEC	RETARY	_ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2	
-	Capacity		STATE	<u>6</u> .	

Active limited liability company
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withdrawn limited liability company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

INHS17 (08/05)