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## Florida Department of State

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Division of Corporations

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: (850)617-6380

From:

Account Name : HODGSON RUBS LLP

Account Number : 072720000242

Phone

(561)394-0500

Fax Number

: (561)394-3862



## EGISTERED AGENT RESIGNATION

## 231 LAGOON LLC

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of sections 608.416(2)	or 608.509, Florid	a Statutes,	30 H
the undersigned,	HRAWG Corp.	, hereby resig	ns as Registered Agent	for o
	(Name of Registered Agent)			1952 1
	231 LAGO	ON LLC		Dr.
	(Name of Limited Liability Com	pany)		7
L07000079739 (Dodument Number, if kr	lown)			
A copy of this resignat known address.	ion was mailed to the above	listed limited lia	bility company at its la	st
The agency is terminat statement is filed.	ed and the office discontinu	ied on the 31 <sup>st</sup> day	after the date on whic	h this
-	(Signature of Resi	going Agent)		
If signing on behalf of		, ,		•
	ı			
-	David M. (Typed or Print		,	
_	Vice Pres			
	(Capaoli	<b>y</b> )		

Fee for filing this document:

\$85.00 - Active limited liability company

\$25.00 - Administratively dissolved/voluntarily dissolved/ withdrawn limited liability compusy

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

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