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1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

LGC FAMILY INVESTMENTS, LLC

PLEASE RETURN A STAMPED COPY

CK# 8345

FOR:

\$195.00

(\$25.00 for this filing)

THANK YOU!

2019 SEP -5 AHII: 15

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes	i, the undersigned,
ATRIUM REGISTERED AGENTS, INC. Name of Registered Agent		, hereby resigns as
		,,
Registered Agent for	LGC FAMILY INVESTMENTS, LI	.C
	Name of Limited Liability Compa	ny .
L07000083302		
Document	Number, if known	
		ed liability company at its last known address. st day after the date on which this statement is filed.
	Signature of Resign	
If signing on behalf of	an entity:	E SE
	RALPH A. NARDI	- 5 H
	Typed or Printed Name	
	VICE PRESIDENT, DIRECTO	R
	Capacity	<u></u>

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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