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Office Use Only

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COVER LETTER

| SUBJECT: Cher CUSS Name of Limited Liability Company |
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| |
| DOCUMENT NUMBER: LO8000052080 |
| The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Scott A. Wenger Name of Person J |
| Name of Firm/Company 3523 SW 31St Dv. # 10C Address Gainerille, FL 30608 City/State and Zip Code |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Rosa Soundoval at (352) 216-2321 Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Amendment Section Division of Corporations

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 provision | is of section 608.416(2) or 6 | ub.ouy, Fiorida Stati | utes, the undersigned, |
|----------------------------|-------------------------------|------------------------|---|
| Scutt | Wenger | | , hereby resigns as 🛴 📆 |
| | Name of Registered Agent | | |
| Registered Agent for | Cheer C | obs LLC | AH SS |
| | Name of Limited Liab | pility Company | The same |
| LO8000 Document Nu | 053080 mber, if known | | 3: 48 FLORIDA |
| A copy of this resignation | n was mailed to the above li | sted limited liability | company at its last known address. |
| The agency is terminated | Sett M | on the 31st day after | er the date on which this statement is filed. |
| If signing on behalf of a | n entity: | | |
| | Typed or F | Printed Name | |
| | Capac | city | |

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)