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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. Account Name

Account Number : 075350000353 : (800)221-2972 Phone

Fax Number : (888)692-9256

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please; **

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LLC REGISTERED AGENT RESIGNATION XWD, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unders	ngned,	
BLUMBERGEXCE	LSIOR CORPORATE SERVICES, INC.	hereby resigns as	
	Name of Registered Agent		
Registered Agent for X	WD, LLC		
	Name of Limited Liability Company		
L08000086159			
Document No	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liability o	ompany at its last known address.	
The agency is terminate	and the office discontinued on the 31st day after Signature of Resigning Agent		iled.
If signing on behalf of a	n entity:	DEC	2
	JOSE MOJICA		₹n.
	Typed or Printed Name ASSISTANT SECRETARY		2
	Capacity	1 9: 27 COSIDA	
	FILING FEES: \$ 85.00 Active limited liability cor \$ 25.00 Administratively dissolved	mpany d/ voluntarily dissolved/	

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withdrawn limited liability company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