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| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (Document Number) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (0 | staria Nama\ | |
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| (City/State/Zip/Phone #) PICK-UP | /Address | | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | (Addres | is) | |
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Registered Agent Services 100 S. Ashley Drive |Suite 400 Tampa, Florida 33602 P. O. Box 3239 | Tampa, Florida 33601-3239 813.223.7000 | fax 813.229.4133

Bhiles

March 21, 2011

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: RESIGNATION OF REGISTERED AGENT -

GOTOSA LLC H-STAR, INC. HEREME, LLC

JACOBSON GLOBAL HEARING INSTITUTE, INC.

KINGS HIGHWAY ACQUISITION, LLC

DIVISION OF CONFORMATIONS
12 HAR 26 M. 8 38

Gentlemen:

Please find enclosed Resignation of Registered Agent forms for the above referenced entities. Also enclosed is Carlton Fields' Check No. 519360 totaling \$257.50 for the filing fees for these entities.

Very-Truly Yours,

Joyce F. Bentubo

Secretary

JFB/kmt Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions | of section 608.416(2) of | or 608.509, Florida Statutes, the | e undersigned, by resigns as |
|----------------------------------|--------------------------|---------------------------------------|---------------------------------------|
| | CFRA, LLC | herel | by resigns as |
| N | ame of Registered Agent | , notes | y, resigns as |
| Registered Agent for HEREME, LLC | | | |
| | Name of Limited | Liability Company | , |
| L090000 | 20811 | | |
| Document Numb | | - | |
| • | | e listed limited liability compa | • |
| The agency is terminated a | Janu | J. Bettlee gnature of Resigning Agent | ate on which this statement is filed. |
| If signing on behalf of an e | ntity: | | |
| · | | e F. Bentubo | |
| | Typed | f or Printed Name | |
| | 5 | Secretary | |

FILING FEES:

Capacity

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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