L090000 97288

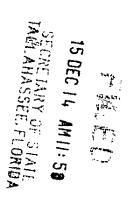
(Re	equestor's Name)				
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PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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DEC 1 5 2015 J SHIVERS

COVER LETTER

TO: Registrat Division	ion Section of Corporations				
SUBJECT: Tra	x SWFL III, LLC				
	Name of Li	mited	Liability	Company	
DOCUMENT N	NUMBER: L09000093288				
The enclosed Refor filing.	signation of Registered Agent	t for a	Limited	Liability Company and fee are submitted	
Please return all	correspondence concerning th	nis ma	itter to th	e following:	
Matthew T. Fa	rr, Esq.				
	Name of Person				
Farr Group, Pl	-				
	Name of Firm/Company				
7479 Conroy-V	Windermere Road, Suite D				
	Address				
Orlando, FL 32	2835				
	City/State and Zip Code				
mb01@farr-gr	oup.com				
E-mail addres	s: (to be used for future annual repo	rt notif	ication)		
For further infor	mation concerning this matter	, plea	se call:		
Matthew T. Fa	rr	4C)7	822-4222 Daytime Telephone Number	
1	Name of Person	Ai	ea Code	Daytime Telephone Number	
Enclosed is a ch liability compan liability compan	eck made payable to the Flori y or \$25.00 for an administrat y.	da De ively	partment dissolved	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADI	DRESS:	STREET ADDRESS:			
Registration Sec			Registration Section		
Division of Corp P.O. Box 6327	porations		Division of Corporations Clifton Building		
Tallahassee, FL	32314	2661 Executive Center Circle			

Tallahassee, FL 32301

INH\$17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	n 605.0115, Florida Statutes, t	he undersigned,	
Matthew T. Farr, Esq. Name of Registered Agent		, hereby resigns as	
	Vame of Limited Liability Company		
L09000093288			
Document Number, if know	'n		
A copy of this resignation was mail	ed to the above listed limited	liability company at its last known address.	
The agency is terminated and the of	ffice discontinued on the 31st Signature of Resignin	day after the date on which this statement is filed.	
	Typed or Printed Name		
	Capacity	AMII: 50 OF SIAIE OF SIAIE	
	FILING FEES: \$ 85.00 Active limited lia \$ 25.00 Administratively withdrawn limite	ability company dissolved/ voluntarily dissolved/ ed liability company	

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