

L09000094824

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICES OF PAUL A. LESTER, P.A.
Account Number : 120110000058
Phone : (305) 350-5344
Fax Number : (305) 373-2294

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**LLC REGISTERED AGENT RESIGNATION
SGH FRANCHISE, LLC**

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

PAUL A. LESTER, ESQ.

, hereby resigns as

Name of Registered Agent

Registered Agent for SGH FRANCHISE, LLC

Name of Limited Liability Company

L09000094824

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

DEC-8 AM 8:49

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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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 (2/14)

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