Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORP SERVICES INC Account Name

Account Number : I20120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2699

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

LLC REGISTERED AGENT RESIGNATION NOOR PLANTATION INVESTMENTS LLC

Certificate of Status Certified Copy 0 03 Page Count \$85.00 Estimated Charge

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COVER LETTER	, , ,
TO: Registration Section Division of Corporations	
SUBJECT: NOOR PLANTATION INVESTMENTS LLC Name of Limited Liability Company	
DOCUMENT NUMBER: L10000006944	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submit for filing.	ted
Please return all correspondence concerning this matter to the following:	
Wendy Hefley	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Parkway, Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
processing@incorp.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (TO2) B66-2500 ext 6904 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H180001712103

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	5.0115, Florida Statutes, the un	idersigned,	•
Incorp Services, Inc.		, hereby resigns as	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Registered Agent		,	
Registered Agent for			15 6 M
NOOR PLANTATION INVEST	MENTS LLC		20 2
Name	of Limited Liability Company		
L10000006944	·		8
Document Number, if known	 _		• •
A copy of this resignation was mailed to The agency is terminated and the office	\bigcirc		•
If signing on behalf of an entity: Wendy Hef	Signature of Resigning Age		
	Typed or Printed Nume		
Authorized	Representative		
	Capacity		

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

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