Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES,

Account Number: I20160000048

: (800)345-4647

Fax Number : (800) 432-3622

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

Email	Address:	!			

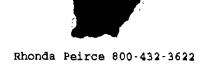
LLC REGISTERED AGENT RESIGNATION SOUTH HIAWASSEE, LLC

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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

Help



(03/03) 06/15/2016 02:30:29 PM H 16000146463 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the undersigned,	
Capi	itol Corporate Services, Inc. , hereby resigns as	
	Name of Registered Agent	
Registered Agent for	SOUTH HIAWASSEE, LLC	
1	Name of the Limited Liability Company	
L100	000088182	
Document	Number, if known	
A copy of this resigns	ation was mailed to the above listed limited liability company at its last kn	nown address.
The agency is termina	ated and the office discontinued on the 31st day after the date on which the	is statement is filed.
	Signature of Resigning Agent	
If signing on behalf o	of an entity:	₹. 2
	Jason Fischer Typed or Printed Name	MIL SIGN
	Assistant Secretary	
	Capacity	第二 の
	FILING FRES:	
	\$85.00 Active limited liability company \$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company	要用 <u></u>

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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