

L10000118244

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 21 2015  
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# The Hernández Law Group, P.A.

ATTORNEYS AND LEGAL COUNSELORS

TRIAL &  
GENERAL  
PRACTICE

Tony Hernández, III, Esq.  
Elena M. Alvarez, Esq.

July 7, 2013

Diana E. Hendren  
Chelsea Hernández-Silk  
Paralegals

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

RE: S.G.T. INVESTMENTS, LLC  
Document No. L10000118244

To Whom It May Concern:

Enclosed please find the original **Resignation of Registered Agent** and **Resignation of Manager** to be filed in the above-referenced company.

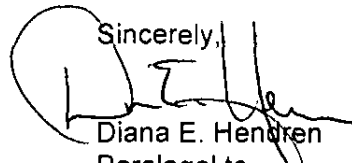
In addition, please find check number 1380 in the amount of \$115.00, which constitutes payment of the filing fees including a certified copy of the Resignation of Manager. For your convenience, we have provided a self-addressed stamped envelope for return of the certified copy.

Upon the filing of these documents and resignation of Craig Harriman in the above-referenced company, all correspondence concerning this matter shall be directed to:

NICOLE HARMON f/k/a NICOLE HARRIMAN  
455 N. 1<sup>st</sup> Street, Unit C  
Cocoa Beach, FL 32931  
Nic.harriman@hotmail.com

If you have any questions or need any further information, please do not hesitate to contact the office at your earliest convenience.

Sincerely,

  
Diana E. Hendren  
Paralegal to  
Tony Hernandez, III

Enclosures as stated  
cc: Nicole Harmon

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TALLAHASSEE, FL 32304

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CRAIG S. HARRIMAN

Name of Registered Agent

, hereby resigns as

Registered Agent for S.G.T. INVESTMENTS, LLC

Name of Limited Liability Company

L10000118244

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

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TALLAHASSEE, FLORIDA

### 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