

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
 Account Number : 075410002172
 Phone : (239) 344-1100
 Fax Number : (239) 344-1529

****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
SURESAFE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$115.00

RECEIVED

14 DEC 16 AM 10:00

DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
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Electronic Filing Menu

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Fax Audit No.: H140002895123

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TALLAHASSEE, FLORIDA

14 DEC 16 AM 11:05

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

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

HF Registered Agents, LLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Suresafe, LLC

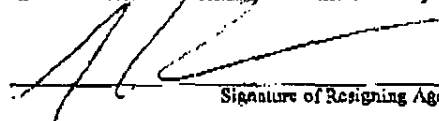
Name of Limited Liability Company

L11000045265

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:

Erin E. Houck-Toll

Typed or Printed Name

Vice President

Capacity

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS:7 (2/14)

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