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| Certified Copies | ertified Copies Certificates of Status | | | | | |
| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



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Ryan D. Bailine Tel 305.579.0508 Fax 305.579.0717 bailiner@gtlaw.com

November 26, 2014

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

Re: National Tax Lien Investments, LLC – Document #L11000103763

To whom it may concern:

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing immediately. Please accept this letter confirming the withdrawal of Ryan Bailine as registered agent for National Tax Lien Investments, LLC. Please send all correspondence concerning this matter to: Matthew S. Greer, 2950 S.W. 27th Avenue, Suite 200, Miami, FL 33133. For further information concerning this matter please call Mr. Greer at (305) 476-8118.

Enclosed is a check made payable to Florida Department of State in the amount of \$85.00 confirming the resignation of Ryan Bailine as registered agent for the above referenced company. Also enclosed, is a completed Resignation of Registered Agent for a Limited Liability Company.

Very truly yours,

Ryan D. Bailine

Enclosure ==

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions | of section 605.011 | 5, Flo r ida | Statutes, the | undersigne | ed, | | | |
|----------------------------|--------------------------------|------------------------------------|--|-------------------------------------|------------------------------|-------------|--------|-----------|
| RIM BAILI | hereby re | | | | eby resigns a | as | | |
| | lame of Registered Age | nt | | `` | , , | | | |
| Registered Agent for N | ational Tax | TIEN | MUSTER | 13, U | <u>u</u> | | | _ |
| | Name of Lin | nited Liabili | ty Company | | | | | |
| # L11000103- | ber, if known | | | | | | | |
| A copy of this resignation | was mailed to the | above liste | ed limited liab | oility comp | any at its la | ıst known | addres | s. |
| The agency is terminated | and the office disco | 4 | 1 |) | date on whi | ch this sta | tement | is filed. |
| | | Signature | of Resigning A | gent | | | - | |
| If signing on behalf of an | entity: | | 7 | | | | DEC -1 | -r1 |
| - | | yped or Pri | nted Name | | | | P2: | |
| - | | Capacit | y | | | | 3- 44 | |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active Admin withdr | limited liabil istratively dis awn limited l | ity compa ssolved/voliability co | my oluntarily d ompany | issolved/ | | |

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