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LLC REGISTERED AGENT RESIGNATION
LAURYN A. FERGUSON UNIT 310, LLC

Certificate of Status	0
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Estimated Charge	\$85.00

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COVER LETTER

TO: Registration Section
Division of Corporations

((H16000275749 3)))

SUBJECT: LAURYN A. FERGUSON UNIT 310, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L11000118551

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARISSA K. LINCOLN

Name of Person

COHEN, NORRIS, WOLMER, ET AL

Name of Firm/Company

712 U.S. HIGHWAY ONE, STE 400

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

ANDREALYNRICE@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARISSA K. LINCOLN

at (

561

844.3600

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

((H16000275749 3)))

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY** ((H16000275749 3)))

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

GREGORY R. COHEN

Name of Registered Agent

, hereby resigns as

Registered Agent for **LAURYN A. FERGUSON UNIT 310, LLC**

Name of Limited Liability Company

L11000118551

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withdrawn limited liability company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