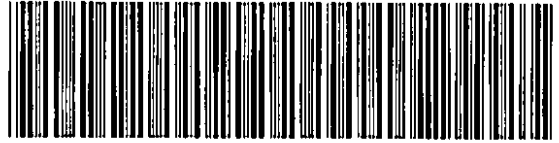


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Binx Fibers, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000084754

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:

Howard P. Ross
Name of Person

Battaglia, Ross, Dicus & McQuaid, P.A.
Name of Firm/Company

5858 Central Avenue
Address

St. Petersburg, Florida 33707
City/State and Zip Code

hross@brdwlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard P. Ross at (727) 381-2300
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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2019 JAN 16 A 1:28
TALLAHASSEE, FLORIDA

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

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

Resident Agent Corporation of Pinellas County, Inc. hereby resigns as

Name of Registered Agent

Registered Agent for Binx Fibers, LLC

Name of Limited Liability Company

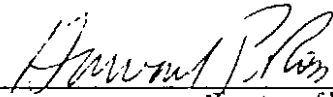
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Document Number, if known

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2019 JAN 16
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TALLAHASSEE, FLORIDA

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:

Howard P. Ross

Typed or Printed Name

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**