Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

: (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

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 HADRON WEB PROPERTIES LLC

Certificate of Status	0
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Page Count	03
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Help

Registration Section Division of Corporations

TO:

COVER LETTER

SUBJECT: Na	me of Limited Liability	Company
DOCUMENT NUMBER: L120001516	946	
The enclosed Resignation of Registere for filing.	ed Agent for a Limited	I Liability Company and fee are submitted
Please return all correspondence conce	erning this matter to the	ne following:
TRACEE COTTON		
Name of Person		-
BLUMBERGENCELSIOR CORPORATE S	ERVICES, INC.	
Name of Firm/Compa	any	-
100 WALL STREET, SUITE 503		
Address		-
NEW YORK, NY 10005		
City/State and Zip Co	ode	-
E-mail address: (to be used for future an	inual report notification)	_
For further information concerning this	is matter, please call:	
TRACEE COTTON		221-2972 X1550 }
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Registered Agent for HADRON WEB PROPERTIES LLC Name of Registered Agent HADRON WEB PROPERTIES LLC	Pursuant to the provisions	of section 605,0115	, Florida Statutes, ti	ne undersigned,			
Name of Registered Agent Registered Agent for HADRON WEB PROPERTIES LLC Name of Limited Liability Company L12000151646 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 Regigning Agent If signing on behalf of an entity: MARY BROOKS Typol or Printed Name ASSISTANT SECRETARY Capacity	BLUMBERGEXCELSIOR	CORPORATE SERV	TICES, INC.	hereby resigns a	IS		
Name of Limited Liability Company L12000151646 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: MARY BROOKS Typol or Printed Name ASSISTANT SECRETARY Capacity	N:	ame of Registered Agen			•		
Name of Limited Liability Company L12000151646 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. Company	Registered Agent for HAD	RON WEB PROPER	RTIES LLC		r-14-1-1-1		
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: MARY BROOKS Typod or Printed Name ASSISTANT SECRETARY Capacity		Name of Limi	ted Linbility Company				
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Typed or Printed Name ASSISTANT SECRETARY Capacity			Signature of Resigning	z Agent			
Typed or Printed Name ASSISTANT SECRETARY Capacity	If signing on behalf of an e	entity:					
ASSISTANT SECRETARY Capacity Capacity	- •						
Capacity SECTION SECTI		Ту	ped or Printed Name				
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FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company	***	······································	Capacity		TAL 132	202	
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Make checks payable to Florida Department of State and mail to: Division of Corporations		Make checks payab	le to Florida Depart Division of Carnors	ment of State and mail to:	•		

P.O. Box 6327 Tallahassee, FL 32314