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2/16/2015

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

3058614056

Pursuant to the provisions of section 605.011	5, Florida Statutes, the ur	ındersigned,	
Name of Registered Agent		_, hereby resigns as	
Name of Lin	nited Liability Company		
L14000039157			
Document Number, if known	·		
The agency is terminated and the office disco	ontinued on the 31st day a		
If signing on behalf of an entity:		≥ः ज	
Ben Solomon, E	isq.		
Partner	Typed or Printed Name	10 B 16 E	
FILING \$ 85.00 \$ 25.00	Capacity FEES: Active limited liability Administratively disso	sy company olved/ voluntarily dissolved/	

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