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I ALBRITTON

COVER LETTER

SUBJECT: Hudson Real Estate Florida Name of	LLC		
Name of	Limited Liability	Company	
DOCUMENT NUMBER: L14000047028	3		
The enclosed Resignation of Registered Agreefor filing.	ent for a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning	this matter to th	e following:	
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company			
9900 Spectrum Dr.			
Address			
Austin, TX 78717			
City/State and Zip Code			
E-mail address: (to be used for future annual re	port notification)		
For further information concerning this mat	ter, please call:		
Janna Pantoja	1 800	773-0888 x3950 Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Flo liability company or \$25.00 for an administrability company.	orida Department ratively dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREE	T ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statut	les, the undersigned,		
United States Corp	poration Agents, Inc.	, hereby resigns	s as	
	Name of Registered Agent		Hereby resigns as	
Registered Agent for _	łudson Real Estate Florida LLC			
	Name of Limited Liability Com	pany	·	
L14000047028		· ·		
	umber, if known			
	on was mailed to the above listed limited and the office discontinued on the 3	Ist day after the date on wh	nich this statement is filed.	
If signing on behalf of	un entity;		70119 (FR -9	
	Cheyenne Moseley		97.PR-9 E	
	Typed or Printed Nar	<u>ા</u>		
	Asst. Secretary for United States Co	rporation Agents, Inc.		
	Capacity FILING FEES: \$ 85.00 Active limited Administrative withdrawn limited Administrative Personal Control of the Capacity Administrative Personal Capacity Personal Capac	d liability company rely dissolved/ voluntarily c mited liability company	04.6	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314