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H160000680473ABC%

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

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\*\*Enter the email address for this business entity to be used for Tuture annual report mailings. Enter only one email address please. \*\*

Email	Address	:					

## LLC REGISTERED AGENT RESIGNATION THE BANKS MANAGEMENT GROUP, LLC

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## **COVER LETTER**

SUBJECT: THE BANKS MANAGEN	ne of Limited Liab	
DOCUMENT NUMBER: L1400005		
		nited Liability Company and fee are submitted
Please return all correspondence concer	rning this matter t	to the following:
Theresa Alfieri		
Name of Person		<del></del>
C T CORPORATION SYSTEM		
Name of Firm/Compar	ny	
111 8th Avenue, 13th Floor		
Address		
New York, New York 10011		<i>,</i>
City/State and Zip Coo	de	<del></del>
theresa.alfieri@wolterskluwer.com		•
E-mail address: (to be used for future annu	ual report notification	n)
For further information concerning this	matter, please ca	all:
Theresa Alfieri	212 at (	894-8516
Name of Person	Area Co	ode Daytime Telephone Number

liability company.

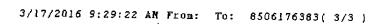
#### MAILING ADDRESS:

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)



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

Pursuant to the provision	ns of section 605.011	l 5, Florida Statutes, the und	ersigned,			
NRAI SERVICES, I	INC.		, hereby resigns as			
	Name of Registered Age		•			
Registered Agent for	HE BANKS MAN	AGEMENT GROUP, L	,ĻC			
						-
	Name of Lin	nited Liability Company				and
L14000050086						
Document Nu	mber, if known	<del></del>				
A copy of this resignation	on was mailed to the	above listed limited liability	v company at its last kn	own ac	ddress	
•		•	• •			
The agency is terminated	d and the office disco	ontinued on the 31st day after	er the date on which thi	is state	ment i	s filed.
:	_ UR	red.				
		Signature of Resigning Agent	<del></del>			
If signing on behalf of a	n entity:			SÄ		
<u> </u>	NRAI Services,	Inc Theresa Alfieri		ECR	<u></u>	ar grey
,	т	yped or Printed Name		CRETAR	MAR 17	-cherma
	Assista	ant Secretary	·	288 288 288	7	
		Capacity		m E	X.	M
			<b>!</b>	FLORID	œ	
					90	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability c Administratively dissolv withdrawn limited liabil	ompany red/voluntarily dissolv	~.	<i>.</i>	

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