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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087

Phone : (954)389-1,333

Fax Number

: (954)389-1397

**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 LYG INVESTMENTS, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Flo	orida Statutes, the und	ersigned,	
PAUL SALVER, PA		, hereby resigns as		
7	ame of Registered Agent		Transport (and Europe	
Registered Agent for LY	G INVESTMENTS, L	.LC		
<u> </u>	Name of Limited L	iability Company		,
L14000054719		\sim		
Document Num	ber, if known	/ \	\	
A copy of this resignation	was mailed to the above	listed limited liability	company at its last l	known address.
The agency is terminated	/ X C	od on the 3 st day aft	the date on the CRETARY	statement is filed
If signing on behalf of an	PAUL SI	ALVER	OF ST	و ق
-	REGISTERED	or Printed Name AGENT pacity	STATE	26

Active limited liability company
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withdrawn limited liability company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