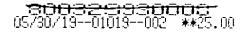
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COVER LETTER

Name o	f Limited Liability	Company
DOCUMENT NUMBER: L1400005673	35 	
The enclosed Resignation of Registered Ag for filing.	gent for a Limited	Liability Company and fee are submitte
Please return all correspondence concernin	g this matter to th	e following:
Corinne P. McClure, Senior Paralegal		
Name of Person		
McGuireWoods LLP		
Name of Firm/Company		
50 North Laura Street, Suite 3300		
Address		
Jacksonville, FL 32202		
City/State and Zip Code		
cmcclure@mcguirewoods.com		
E-mail address: (to be used for future annual i	report notification)	
For further information concerning this ma	itter, please call:	
Corinne McClure	904	798-3294 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 provisions of sect	ion 605.0115. Florida Statu	ites, the undersigned,	
RAX Co.		, hereby resigns as	
	Registered Agent		
Registered Agent for Ortega F	orest Property Holding	gs LLC	
	Name of Limited Liability Cor	npany	
L14000056735			
Document Number, if kn	iont		
A copy of this resignation was m	ailed to the above listed lin	nited 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.
	Hisa V. Ja Signature of Re	yCor Agning Agent	
If signing on behalf of an entity:			
Lisa C). Taylor		三 三 三
······	Typed or Printed N	ame	30 E
Presid	lent		PR D
	Capacity		FILED 19 MAY 30 PM 4:1 SECONOMINATION TALLIANIASSELLITEONI

FH.ING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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