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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160

: (800)494-3124

Phone Fax Number

: (305)675-2811

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

Email Address:_

LLC REGISTERED AGENT RESIGNATION **C&G CONTINENTAL LLC**

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Help D. SCOTT

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JUN 2 9 2017

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provis | sions of section 605.0115, Florida S | tatutes, the undersigned, | | |
|---|--|---|-----------------------------|--|
| SUPERBIZ REGISTERED AGENT, INC. Name of Registered Agent | | hereby resigns as | , hereby resigns as | |
| | | 1 | | |
| Registered Agent for | C&G CONTINENTAL LLC | | | |
| With day day in | Nume of Limited Liability | Company | | |
| L14000061947 | | 187 | | |
| Document | Number, if known | ** | | |
| ∧ copy of this resigns | ation was mailed to the above listed | limited liability company at its las | t known address. | |
| The agency is termina | ated and the office discontinued on Signature of | the 31st day after the date on which | h this statement is filed. | |
| If signing on behalf of an entity: | | • | ASS 🛋 | |
| 5 5 | Paul Smith | | | |
| | Typed or Printe | ed Name | N 28 | |
| | Capacity | | M 6: 26 OF STATE E, FLORIDO | |
| | FILING FEES: \$ 85.00 Active li \$ 25.00 Adminis | mited liability company tratively dissolved/voluntarily dis | | |

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

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INHS17 (2/14)