L500098226

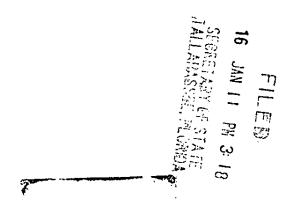
(Requestor's Name)					
(Address)					
(Address)					
- (City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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JAN 12 ZOTG S. YOUNG



Resignation of Registered Agent for a-Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

1/6/2016 FLORIDA

REP UNIT:

IGI PLAYGROUND LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 26992 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	SI PLAYGROUND LLC		
Nam	e of Limited Liability Company		
DOCUMENT NUMBER: L150000	98226		
The enclosed Resignation of Registered for filing.	Agent for a Limited Liability Company and fee are submitted		
Please return all correspondence concern	ning this matter to the following:		
Rhonda Peirce Name of Person			
Capitol Corporate Services, Inc. (Final Name of Firm/Companies)			
PO Box 1831			
Address			
Austin, TX 78767 City/State and Zip Cod			
rpeirce@capitolservices.com			
E-mail address: (to be used for future annu	al report notification)		
For further information concerning this	matter, please call:		
Rhonda Peirce	at (800) 345-4647		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check made payable to the liability company or \$25.00 for an admit liability company.	e Florida Department of State for \$85.00 for an active limited nistratively dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	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 605.0115,	Florida Statutes,	the undersigned,		
Capito	l Corporate Servic	ces, Inc.	, hereby	resigns as	
	Name of Registered Agent				
Registered Agent for		IGI PLAYGROUND LLC			
L	· ·	Name of the Limite	d Liability Company		
L1500	0098226				
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the ab	ove listed limited	liability company	y at its last known address.	
The agency is terminate	d and the office discont	tinued on the 31st	day after the date	e on which this statement is filed.	
		19			
		Signature of Resignin	g Agent	_	
If signing on behalf of a	n entity:			16	
	J:	ason Fischer			
	Тур	ed or Printed Name			
Ass		istant Secreta	ry		
		Capacity		E 2 0	
				\$≥ w	
				35.77 0	
	FILING F	EES:	2.11ta.	, -	
	\$ 85.00 \$ 25.00	Active limited liz Administratively withdrawn limite	dissolved/volued liability comp	ntarily dissolved/ any	

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