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(((H17000155270 3)))



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Account Name :

: INCORPORATING SERVICES FL

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LLC REGISTERED AGENT RESIGNATION THE GRAYT HOUSE SOUTH, LLC

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TO: Registration Section Division of Corporations

COVER LETTER

H17000155270 3

SUBJECT:	THE GRAYT I	HOUSE SOU	TH, LLC	
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	Name of Li	mited Liability (Company
DOCUMENT	NUMBER:	L150000985	582	
The enclosed I for filing.	Resignation of Re	egistered Agen	t for a Limited	Liability Company and fee are submitted
Please return a	ill correspondenc	e concerning th	nis matter to the	following:
PHÝLLIS D.	BROWN			
	Name of	Person		
INCORPOR	ATING SERVIC	ES, LTD.		
	Name of Firm	ı/Company		
3500 SOUTI	H DUPONT HIG	HWAY		
	Addre	ess		
DOVER, DE	19901			
	City/State an	d Zip Code	·:	
RADIV@ING	CSERV.COM			
E-mail add	ress: (to be used for	future annual repo	ort notification)	
For further in	formation concer	ning this matte	r, please call:	
PHYLLIS D.	BROWN		800	346-4646
	Name of Person		Area Code	Daytime Telephone Number
Enclosed is a liability comp liability comp	check made paya any or \$25.00 for any.	ible to the Flori r an administra	ida Department tively dissolved	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limite

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	ons of section 605.0115, Florida Statutes, the	e undersigned,
INCORPORATING	S SERVICES, LTD.	, hereby resigns as
	Name of Registered Agent	, hereby resigns as
Registered Agent for _	THE GRAYT HOUSE SOUTH, LL	_C
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
L15000098582		
Document N	fumber, if known	
	ion was mailed to the above listed limited listed and the office discontinued on the 31st da	ability company at its last known address. ay after the date on which this statement is filed
	Phylle D. Brown. Signature of Resigning.	Agent
If signing on behalf of	an entity:	SE TAL
	PHYLLIS D. BROWN	SECRETA ALLAHA
	Typed or Printed Name ASSISTANT SECRETARY	TJUN-9 CRETARY LAHASSE
	Capacity	PF SIANE FFLORIDE -
	WAT TRUE TODAY.	>''' —

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

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company