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## **COVER LETTER**

TO: Registration Section Division of Corpor	n ations	
SUBJECT: SET E	DYNASTY LLC	
	Name of Limited Liability	Company
DOCUMENT NUMBER	:L16000070057	
The enclosed Resignation for filing.	of Registered Agent for a Limited	Liability Company and fee are submitted
Please return all correspon	dence concerning this matter to th	ne following:
Nicole Pearl		
Nan	e of Person	
		<b>5</b>
Name of	Firm/Company	2 00
Traine of		コーデー ニー・ニー
1172 S. Dixie Highway	I	$\omega_{\mathbb{R}^n}$
4	Address	물 ·
Coral Gables, FL 33146	<u>.</u>	22 OCT 13 AH 5: 04
	e and Zip Code	0
E-mail address: (to be use	d for future annual report notification)	
For further information co	ncerning this matter, please call:	
Nicole Pearl	at (305	760-9270 Daytime Telephone Number
Name of Pe	rson Area Code	Daytime Telephone Number
Enclosed is a check made liability company or \$25.0 limited liability company.	payable to the Florida Departmen 0 for an administratively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn
Mailing Address:		Street Address:
Registration Section	h ·	Registration Section
Division of Corpor		Division of Corporations
P.O. Box 6327 Tallahassee, FL 32.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee, r L 52.		Tallahassee, FL 32303

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida	a Statutes, the undersigned,	
Nicole Pearl, Esq.		, hereby resigns	as
1	lame of Registered Agent	, ,y . vo., g	
Registered Agent for <u>S</u>	ET DYNASTY LLC		
<del>.</del>	Name of Limited Liabil	ity Company	,
L16000070057			
Document Num	ber, if known		
A copy of this resignation	was mailed to the above list	ed limited liability company at its la	st known address.
The agency is terminated	and the office discontinued of	on the 31st day after the date on which	ch this statement is filed.
-	Signature	of Resigning Agent	22 OCT
If signing on behalf of an	entity:		22 OCT 13 AM
-	Typed or Pri	nted Name	WH 2: 0r
-	Capacit	у	<del>1</del> 0
	FILING FEES: \$ 85.00 Active \$ 25.00 Admin withdi	limited liability company istratively dissolved/voluntarily disawn limited liability company	ssolved/

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

Tallahassee, FL 32314