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Division of Corporations

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: (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052

Phone

: (850)656-7956

Fax **N**umber

: (850)656-7953

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LLC REGISTERED AGENT RESIGNATION BLACK RHINO HOLDINGS, LLC

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COVERLETTER Haccoco54895 3

TO:	Registration Section Division of Corporations
SUB.	DECT: BLACK RHINO HOLDINGS, LLC
	Name of Limited Liability Company
DOC	UMENT NUMBER: L16000112997
The e	nclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ing.
Pleas	e return all correspondence concerning this matter to the following:
Ama	nda Archambault
	Name of Person
Inco	rporating Services, Ltd.
	Name of Firm/Company
3500	South DuPont Highway
	Address
Dov	er, DE 19901
	City/State and Zip Code
J	E-mail address: (to be used for future annual report notification)
For f	urther information concerning this matter, please call:
Ama	inda Archambault 302 531-0711
	Name of Person Area Code Daytime Telephone Number
liabil	osed is a check made payable to the Florida Department of State for \$85.00 for an active limited ity company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite ity company.

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

H20000064895

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida	Statutes, the undersigned,
Incorporating Services, Ltd.	, hereby resigns as
Name of Registered Agent	, nervoy resigns as
Registered Agent for BLACK RHINO HOLDINGS	S, LLC
Name of Limited Liability	y Company
L16000112997	<i>-</i> '
Document Number, if known	2020 Ā(i)
A copy of this resignation was mailed to the above liste	
The agency is terminated and the office discontinued or	the 31st day after the date on which this statement is filed.
Signature	of Resigning Agent
If signing on behalf of an entity:	e. 3
Amanda Arc	hambault
Typed or Prin	ted Name
Assistant Se	ecretary
Capacity	

\$ 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 Taliahassee, FL 32314