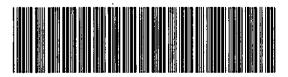
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Resignation of Registered Agent for a Limited Liability Company

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:

REP UNIT:

2/16/2017 FLORIDA

SFGA, 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 # 28284 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:	SFGA, LLC
Nam	e of Limited Liability Company
DOCUMENT NUMBER: L160001	27635
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. (F	
PO Box 1831 Address	
Austin, TX 78767 City/State and Zip Cod	ie e
rpeirce@capitolservices.com E-mail address: (to be used for future annu	ual report notification)
For further information concerning this	matter, please call:
Rhonda Peirce Name of Person	at (800) 345-4647 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	e Florida Department of State for \$85.00 for an active limited nistratively dissolved, voluntarily dissolved or withdrawn limited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: Registration Section Division of Corporations	STREET ADDRESS: Registration Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.0115, Florid	la Statutes, the un	idersigned,	
Capitol Co	rporate Services, li	nc.	, hereby resigns as	
Nam	e of Registered Agent			
Registered Agent for	SFGA, LLC			
	Name	e of the Limited Liabi	lity Company	
L1600012	27635			
Document Number	, if known			
A copy of this resignation wa	as mailed to the above lis	sted limited liabili	ity company at its last know	vn address.
The agency is terminated and	d the office discontinued	on the 31st day a	fter the date on which this	statement is filed.
	Signatu	re of Resigning Ager	nt	
If signing on behalf of an ent	tity:			
	Typed or P	Fischer rinted Name t Secretary		SECRETARY SECRETARY 17 FCB 21
	FILING FEES: \$ 85.00 Activ \$ 25.00 Admi with	e limited liability nistratively disso drawn limited lia	y company olved/voluntarily dissolved bility company	OF STATE OF STATE OF STATE OF STATE OF STATE

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