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To:

Division of Corporations

Fax Number

: (850)617-5383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC JAN . 1 2018

Phone

: (813)435-3176

Fax Number

: (713)429-1276

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT RESIGNATION IMPROVED FINANCIALS, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provi  | sions of section 605.0115, Florida Statutes, t | he undersigned,     |             |
|------------------------|--|---------------------|-------------|
|                        | CES OF NICK SPRADLIN, PLLC                     | , hereby resigns as |             |
|                        |  |                     |             |
| Registered Agent for   | IMPROVED FINANCIALS, LLC                       |                     | <del></del> |
|                        | Name of Limited Liability Company              |                     | ,           |
| L16000133509           |  |                     |             |
| Document               | Number, if known                               |                     |             |
|                        | ation was mailed to the above listed limited I |                     | -50         |
|                        | Signature of Resigning                         |                     | JAN 34      |
| If signing on behalf o | fan entity:                                    |                     | 是工          |
|                        | NICKOŁAS J. SPRADLIN                           |                     | 2:49        |
|                        | Typed or Printed Name                          |                     | <b>64</b>   |
|                        | CEO  |                     | , *         |
|                        | Capacity                                       |                     |             |

FILING FEES:
\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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 Tallahassee, FL 32314

INHS17 (2/14)