Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000069773 3)))

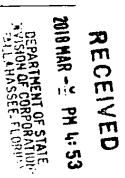


H180000697733ABC8

		Buch its .	
Ta:			
	Division of Corporations "		
	Fax Number	: (850)617- 6 383	*
_			<u> </u>
From:			
	Account Name	: INCORPORATING SERVICES FL	7.1.2 1.1.2 1.4.2
	Account Numbe	r : 120050000052	2.5
	Phone	: (850)656-7956	
	Fax Number	: (850)656-7953	
		#	
MEnton	the email addre	ss for this business entity to be used for	os Eutuno

LLC REGISTERED AGENT RESIGNATION PATRICIA A. GRANT, AAI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00



Electronic Filing Menu

Corporate Filing Menu

MAR 0 8 2018 Help

Y SULKER

H18000069773 3

COVER LETTER

d,

TO: Registration Section Division of Corporations				
•		·		
SUBJECT: PATRICIA A. GRANT, AAI, LI	_C.,,,, := :=	ra		
	nited Liability	Company		
DOCUMENT NUMBER: L1600014673	7 :			
The enclosed Resignation of Registered Agent for filing.	for a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning th	is matter to th	e following:		
PHYLLIS D. BROWN				
Name of Person				
INCORPORATING SERVICES, LTD.				
Name of Firm/Company				
3500 SOUTH DUPONT HIGHWAY				
Address	 -			
DOVER, DE 19901				
City/State and Zip Code				
RADIV@INCSERV.COM	and the a	or and a second		
E-mail address: (to be used for future annual report	t notification)			
For further information concerning this matter	, please call:			
PHYLLIS D. BROWN	800	346-4646		
Name of Person	Àrea Code	Daytime Telephone Number		
Enclosed is a check made payable to the Florid liability company or \$25.00 for an administrate liability company.	da Department ively dissolve	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREE	CT ADDRESS:		
Registration Section	•	Registration Section		
Division of Corporations		n of Corporations		
P.O. Box 6327		Building		
Tallahassee, FL 32314	2661 E	xecutive Center Circle		

Tallahassee, FL 32301

INH\$17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

dersigned,
_ , hereby resigns as
_ , nereby resigns as
· · · · · · · · · · · · · · · · · · ·
er the date on which this statement is filed.
5. 19
-

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 6327.50
Tallahassee, FL 32014