

L16000171505

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORAG LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000171505

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person
REGISTERED AGENTS INC
Name of Firm/Company
170 S. LINCOLN, STE 150
Address
SPOKANE, WA 99201
City/State and Zip Code
info@registeredagentsinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerome Woodworth at (**307**) **200-2803**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

16 DEC -9 PM 12:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

REGISTERED AGENTS INC

, hereby resigns as

Name of Registered Agent

Registered Agent for **MORAG LLC**

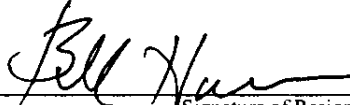
Name of Limited Liability Company

L16000171505

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

BILL HAVRE

Typed or Printed Name

SECRETARY

Capacity

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC -9 PM 12:25

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