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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SGL REALTY LLC				
DOCUMENT NUMBER: L180000258	of Limited Liability 325	Company		
The enclosed Resignation of Registered A for filing.	Agent for a Limited	Liability Company and fee are	submitted	
Please return all correspondence concern	ing this matter to th	e following:		
MARGARET MUSZELIK				
Name of Person				
TRAC - THE REGISTERED AGENT	COMPANY			
Name of Firm/Company				
3401 Manor Hill Road				
Address	<u> </u>			
Pikesville, MD 21208				
City/State and Zip Code	-			
E-mail address: (to be used for future annual For further information concerning this matter than the second secon	•			
MARGARET MUSZELIK	410	752-8030		
Name of Person	Area Code	Daytime Telephone Number		
Enclosed is a check made payable to the liability company or \$25.00 for an admin liability company.	Florida Departmen istratively dissolve	of State for \$85.00 for an acti d. voluntarily dissolved or with	ve limited idrawn limited	
MAILING ADDRESS:	STREI			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115.	Florida Statutes, the un	ndersigned.	
TRAC - THE REGISTERED AGENT COMPANY Name of Registered Agent		hereby resions a	_ , hereby resigns as	
		, nerecy realigns as		
Registered Agent for SG	L REALTY LLC			
	Name of Limite	ed Liability Company		·
L18000025825				
Document Num	ber, if known	_		
A copy of this resignation	was mailed to the abo	ove listed limited liabil	lity company at its las	st known address.
The agency is terminated	and the office discont	inued on the 31st day a	after the date on whic	h this statement is filed.
-		ignature of Resigning Age		FILED 24 OCT 24 PH
If signing on behalf of an	entity:	•		
_ -	MARGARET MUS	SZELIK		FILED T 24 HI HEAR
-	Typ VP	ed or Printed Name		0 11. 5: 04 11. 5: 04
-		Capacity		했다 물
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liabilit Administratively dissi withdrawn limited lia	y company olved/ voluntarily dis ability company	ssolved/

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