

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

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Account Name : LIPPES MATHIAS WEXLER FRIEDMAN
Account Number : I20190000014
Phone : (904) 660-0020
Fax Number : (904) 660-0029

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LLC REGISTERED AGENT RESIGNATION
NOON LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

Y. SULKER

JAN 07 2020

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2020 JAN -6 AM 9:52

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Lippes Mathias Wexler Friedman LLP

, hereby resigns as

Name of Registered Agent

Registered Agent for Noon LLC

Name of Limited Liability Company

L18000064529

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:

Christopher A. Walker, Esq.

Typed or Printed Name

Partner

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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

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