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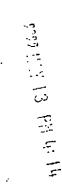
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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COVER LETTER

то:	Registration Section Division of Corporations		•
SHR	PRIDE HOLDING HOMES, LL	.c	
O Da	Nam	e of Limited Liabilit	y Company
DOC	UMENT NUMBER: L1800019952	7	
The e for fil	nclosed Resignation of Registered ing.	Agent for a Limite	ed Liability Company and fee are submitted
Pleas	e return all correspondence concer	ning this matter to	the following:
Rocio	Bruni		
	Name of Person	,, _	_
Nisha	d Khan, P.L.		
	Name of Firm/Compan	ıy	_
1303 1	N. Orange Ave.		
	Address		_
Orland	do, FL 32804		
	City/State and Zip Cod	e	_
rocio@	gnishadkhanlaw.com		
13	-mail address: (to be used for future annu	al report notification)	_
For fi	orther information concerning this	matter, please call:	
Rocio	Bruni	407 at (228-9711
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.	0115, Florida Statutes, the undersigned,		
Nishad Khan, P.L.	, hereby resigns as		
Name of Registered	Agent	thereby realigns us	
Registered Agent for PRIDE HOLDING I	IOMES, LLC		
Name of	Limited Liability Company		
1.18000199527			
Document Number, if known			
	he above listed limited liability company at its last known iscontinued on the 31st day after the date on which this state.		
If signing on behalf of an entity: Nishad Khan	Signature of Resigning Agent		
	Typed or Printed Name		
Manager			
	Capacity		
FILE \$ 85.0 \$ 25.0		5929 E.A. 13 P. C.	
Make checks pa	yable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	P: 4: 1	