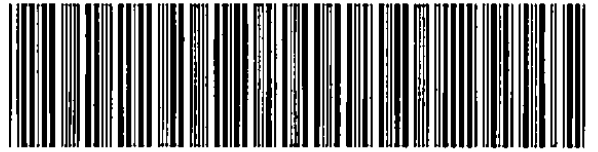


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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19 JUN 19 AM 11:59
DIVISION OF CORPORATIONS

Ra Resignation

JUN 27 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CV RES FUND I LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000246852

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:

Alvin Sayre

Name of Person

Registered Agent Solutions, Inc.

Name of Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

asayre@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvin Sayre

at (888) 705-7274
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

19 JUN 19 AM 11:50
REGISTRATION SECTION

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Registered Agent Solutions, Inc. . hereby resigns as
Name of Registered Agent

Registered Agent for CV RES FUND I LLC

Name of Limited Liability Company

L18000246852

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:

Justine Karnell

Typed or Printed Name

Assistant Secretary, Registered Agent Solutions, Inc.

Capacity

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