L20000123185

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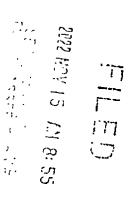
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COVER LETTER -

TO: Registration Section Division of Corporations MON SCORPION GROUP LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L20000123185 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: Chelsea Chapman Name of Person Legaline Corporate Services, INC. Name of Firm/Company 10601 Clarence Dr Ste 250 Address Frisco, TX 75033-3867 City/State and Zip Code ra@legalinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

Chelsea Chapman

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	5, Florida Statutes, the un-	dersigned.		
Legaline Corporate Services, INC.		, hereby resigns as		
Name of Registered Ager				
Registered Agent for MON SCORPION GROU	JP LLC			
Name of Lim	ited Liability Company		,	
L20000123185				
Document Number, if known	 -			
A copy of this resignation was mailed to the a	bove listed limited liabilit	ty company at its last known ac	ddress.	
The agency is terminated and the office discor	Signature of Resigning Agen		ment is filed.	•
If signing on behalf of an entity:				
Chelsea Chapman		٠	5055 hoa	
	yped or Printed Name		. 7	1
On Behalf of Legaline	Corporate Services, INC.	.,		هست. مستدمین
	Capacity)))	55	1
FILING • \$ 85.00 • \$ 25.00	FEES: Active limited liability Administratively dissol withdrawn limited liab	company lved/ voluntarily dissolved/ pility company	8: 55	

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