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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : 120190000096 : (407)745-1112 Phone Fax Number : (407)641-8083

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ACC@EXPATCONSULTING.COM

## LLC REGISTERED AGENT RESIGNATION CR7 AMERICAS LLC

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From: EXPAT CONSULTING

TO: Registration Section

#### COVER LETTER

SUBJECT: Nai	ne of Limited Liability	. Company
DOCUMENT NUMBER: L2000038768	ד <u>ו</u> -	
The enclosed Resignation of Registered for filing.	d Agent for a Limite	d Liability Company and fee are submitted
Please return all correspondence conce	rning this matter to t	he following:
NILTÓN FREGNE		
Name of Person		-
FXPAT CONSULTING CORP		
Name of Firm/Compa	ny	-
8613 COMMODITY CIR. STE 11		
Address	<del></del>	-
ORLANDO - FL - 32818		
City/State and Zip Co	-	
ACC/g/EXPATCONSULTING.COM		
E-mail address: (to be used for future and	nual report notification)	-
For further information concerning this	matter, please call:	
NILTONTREGNI	407	7451112 ) Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

### 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 provision	ons of section 605.011	5. Florida Statutes, the undersigne	d.		
EXPAT CONSULTING CORP		by resigns as	resigns as		
Name of Registered Agent			a y com <b>g</b> an an		
Registered Agent for _	TR7 AMERICAS LLC				_
	Name of Lin	nted Leability Company	······································	<del></del>	'
		71. W. V. W. V.			
L20000387697					
Document N	lumber, if known				
A copy of this resignat	ion was mailed to the a	above listed limited liability compa	any at its last know	n addres:	٠.
The agency is terminate	$\overline{}$	ontipued on the 31st day after the distance of Resigning Agent	ate on which this s	latement	is filed.
	NILTON FREGNI				
		'yped or Printed Name			
	Р	Capacity	±	<b>202</b> 4 aug 20	······································
	FILING \$ 85.00 \$ 25.00	FEES: Active limited hability compan Administratively dissolved/ vo withdrawn limited liability cor	y iuntarily dissolved/ npany –		

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