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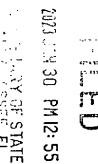
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MAILING ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statut	es, the undersigned.	
United States Corporation Agents, Inc. Name of Registered Agent		, hereby resigns	s as
		, nereoy resigns	
Registered Agent for	ne P.E. LLC	·	
	Name of Limited Liability Com	pany	·
L21000002493			
Document N	umber, if known		
A copy of this resignati	on was mailed to the above listed limi	ted liability company at its	last known address.
The agency is terminate	ed and the office discontinued on the I	31st day after the date on wh	nich this statement is filed
	Signature of Res	igning Agent	2073 JA
If signing on behalf of a	an entity:		W Person
	Cheyenne Moseley		IM 30 PH 12: 55
	Typed or Printed Na	me	SEP PH
	Asst. Secretary for United States Co	rporation Agents, Inc.	ST 12:
	Capacity		FATE SS

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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