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то:	Registration Section Division of Corporations	
SHRI	I HEART GNI LLC ECT:	
50170	Name of Limited Liability	Company
DOC	UMENT NUMBER: L21000214268	
The e for fil	nclosed Resignation of Registered Agent for a Limite ing.	d Liability Company and fee are submitted
Please	return all correspondence concerning this matter to t	he following:
Chelse	a Chapman	
	Name of Person	-
Legali	nc Corporate Services, INC.	
	Name of Firm/Company	-
10601	Clarence Dr Ste 250	
	Address	-
Frisco	TX 75033-3867	
	City/State and Zip Code	-
га@Іс	galine.com	
E	-mail address: (to be used for future annual report notification)	-
For fu	rther information concerning this matter, please call:	
Chelse	a Chapman 844 at (386-0178
	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.01	15. Florida Statutes, the und	dersigned.	
Legaline Corporate Service	es, INC.		, hereby resigns as	
	Name of Registered Ag	gent	_ (
Registered Agent for	IEART GNI LLC			
	Name of Li	mited Liability Company		·
L21000214268				
Document Nu	mber, if known			
A copy of this resignatio	n was mailed to the	above listed limited liabilit	y company at its last know	wn address.
The agency is terminated	and the office disc	ontinued on the 31st day af	MAN	statement is filed.
If signing on behalf of ar	n entity:			J
	Chelsea Chapman			7007
		Typed or Printed Name		
	On Behalf of Legali	ne Corporate Services, INC.		5 - 1
		Capacity		ASS H
	FILINC © \$ 85.00 O \$ 25.00	GFEES: Active limited liability Administratively dissol withdrawn limited liab	company ved/ voluntarily dissolved ility company	THE STATE TO ASSEE. FL

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

INHS17 (2/14)