

Florida Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:____

LLC REGISTERED AGENT RESIGNATION **FINPAPERS LLC**

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011:	5. Florida Statutes, th	e undersigned,		
REGISTERED AGENT	S INC.		, hereby resigns as	S	
	Name of Registered Ager		<u> </u>		
Registered Agent for _					
FINPAPERS LLC			<u> </u>	·	
	Name of Lim	ited Liability Company			
Document N	lumber, if known				
			e a sec	a Lagrana da Jasans	
A copy of this resignat	ion was mailed to the a	above listed limited l	iability company at its lass	r known address.	
The agency is terminat	ed and the office disco	ontinued on the 31st o	lay after the date on which	this statement is file	ed.
	Bi	Il Jame	-		
		Signature of Resigning	; Agent		
If signing on behalf of	an entity:				
•	Bill Havre			05 NOF 2202	
	7	Typed or Printed Name		ı, ı	٦.
	Assistant Secretary		· · · · · · · · · · · · · · · · · · ·	Σ	<u>-</u>
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	FILING	FEES:	kility company	4	
	\$ 85.00 \$ 25.00	Administratively	bility company dissolved/ voluntarily dis	ssolved/	
		withdrawn limite	d liability company		

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