Division of Corporations

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

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LLC REGISTERED AGENT RESIGNATION FORGOTTEN HOMES LLC

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K. SALY

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ruistani to the provision	s of section 602,011	o, riorida Statutes, are	unacisignea,	
REGISTERED AGE	ENTS, INC.		, hereby resigns a	発達力
	Name of Registered Age	THE		
Registered Agent for <u>F</u>	ORGOT	TEN HOM	ES LLC	TALLANS ST
	Name of Lin	nited Liability Company		2. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
L22000019	816			
Document Nun	iber, if known			
A copy of this resignation	was mailed to the	above listed limited lial	bility company at its las	t known address.
The agency is terminated	and the office disco	ontinued on the 31st day	y after the date on which	this statement is filed.
	D	avid Seyi Se Signature of Resigning A	gent	
If signing on behalf of an	entity:			
•	Ţ	yped or Printed Name		
-		Capacity		
	F11.1NG \$ 85.00 \$ 25.00	FEES: Active limited liabil Administratively dis withdrawn limited l	ity company ssolved/voluntarily dis- liability company	solved/

Make checks payable to Florida Department of State and mail to: Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314