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|                |  | Division of Corporations |   |            |  |
|                |  | Fax Number               | : (850)617-6383                         |            |  |
|                | From:                                  |                          |   |            |  |
|                |  | Account Name             | : NELSON MULLINS RILEY & SCARBOROUGH,   | ORLANDO    |  |
|                |  | Account Number           | : 119980000090                          |            |  |
| S              | \$                                     | Phone                    | : (407)839-4200                         |            |  |
| 2              | 변호호                                    | Fax Number               | : (407)839-4264                         |            |  |
| <del>ڌ</del> ـ | £ <b>₹</b> 5                           |                          |   |            |  |
| E C            | Halliter t                             | he email addres          | s for this business entity to be used   | for future |  |
|                |  |                          | ings. Enter only one email address plea |            |  |
|                | 500                                    | ·                        |   |            |  |
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| 50             | a                                      | LLCRECI                  | STERED ACENT RESIGNATION                |            |  |

## CREEN CORE PROPERTY RESTORATION, LLC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$85.00 |

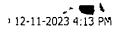
Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 605.01 | 15, Florida Statutes, the under   | signed.   |                 |     |  |
|--|-----------------------------------|---|-----------------|-----|--|
| REGINA RABITAILLE, ESQ.                      | , hereby resigns as               | ereby resigns as                                |                 |     |  |
| Name of Registered Agent                     |                                   |   |                 |     |  |
| Registered Agent for GREEN CORE PROPI        | ERTY RESTORATION, LLC             |   | <del></del>     |     |  |
|  |                                   |   | ;               |     |  |
| Name of L                                    | imited Liability Company          |   |                 |     |  |
| L22000114257                                 |                                   |   |                 |     |  |
| Document Number, if known                    |                                   |   |                 |     |  |
| A copy of this resignation was mailed to the | above listed limited liability of | company at its last known                       | address.        |     |  |
| The agency is terminated and the office disc | continued on the 31st day after   | the date on which this sta                      | tement is filed | .1. |  |
| Rearin                                       | Signature of Resigning Agent      |   |                 |     |  |
| If signing on behalf of an entity:           |                                   |   |                 |     |  |
| REGINA RABITA                                | V.                                | 98 3 F C  |                 |     |  |
|  | Typed or Printed Name             |   |                 |     |  |
|  | Capacity                          | <del></del>                                     | · · · · · ·     |     |  |
|  |                                   |   | = -             |     |  |
| FILING<br>\$ 85.00<br>\$ 25.00               |                                   | mpany<br>d/ voluntarily dissolved/<br>y company | 7: 54           |     |  |

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

INHS17 (2/14)