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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

**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 MF ALOHA FUND MGMT, LLC

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1

Fax: 8134365206

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60 REGISTERED AGENTS, INC.		-	
Name of Register	red Agent		
Registered Agent for MF ALOHA	FUND MGMT, LLC		
Name	of Limited Liability Company	,	
L22000370231			
<u></u>	-		
Document Number, if known			
A copy of this resignation was mailed t	to the above listed limited liability	ty company at its last known address.	
The agency is terminated and the office	e discontinued on the 31st day aft	fler the date on which this statement is fi	iled.
··-	David Brett S	······································	
If signing on behalf of an entity:		2024 HAY 28 PH 1: 4 SECULTARY OF STA	
	David Roberts		. 11
	Typed or Printed Name	——————————————————————————————————————	
	Assistant Secretary	日本 28 1	
	Capacity		<u> </u>
			じ

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

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

INHS17 (2/14)