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COVER LETTER

SUBJECT: Whispering Pines Sales LLC Name of Limited Liability Company DOCUMENT NUMBER: L23000234828 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

TO: Registration Section

Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115	, Florida Statutes, the unders	signed.
United States Corporation Agents, Inc.			hereby resigns as
	Name of Registered Agent		neres, resigns as
Registered Agent for V	Vhispering Pines S	ales LLC	
	Name of Limit	ted Liability Company	······································
L23000234828			
Document N	umber, if known	_	
A copy of this resignati	on was mailed to the ab	pove listed limited liability c	ompany at its last known address.
The agency is terminate	ed and the office discon	tinued on the 31st day after	the date on which this statement is filed.
		Signature of Resigning Agent	
If signing on behalf of a	nn entity:		."
	Cheyenne Mosel	еу	
	Cheyenne Moseley Typed or Printed Name Asst. Secretary for United States Corporation Agents, Inc.		
	Cheyenne Moseley Typed or Printed Name		
		Capacity	 -
			S
	FILING F	FEES:	·
	\$ 85.00 \$ 25.00	Active limited liability cor Administratively dissolved withdrawn limited liability	npany I/ voluntarily dissolved/ y company

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

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