

## Florida Department of State

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n, eston of

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: AKERMAN SENTERFITT & EIDSON

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REGISTERED AGENT RESIGNATION

| Certificate of Status | 0       |
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DRAGON INVESTMENTS, LLC

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Fursuant to the provisi | ons of section 608.416(2) or 608.509, Flor   | ida Statutes, the undersigned,     | <b>₽</b> .     | _        |    |
|-------------------------|--|------------------------------------|----------------|----------|----|
| A nerican Informa       | ation Services, Inc.                         | , hereby resigns as                | - £            | 3        |    |
|                         | (Name of Registered Agent)                   | , ,, ,,                            | AR S           | APM 5U   | T  |
| Resistered Agent for    | Dragon Investments, LLC                      |                                    | ASSA           | <u>.</u> | -  |
|                         |  |                                    | mi~<br>Mo_z    | <br>     | 'n |
|                         | (Name of Limited Liability Company           | у)                                 | FES            | e<br>e   |    |
| M01000002610            |  |                                    | TATE           | л<br>Л   |    |
| (Document Nu            | mber, if known)                              |                                    | Þ              |          |    |
| A copy of this resignat | ion was mailed to the above listed limited l | liability company at its last know | wn address.    | · .>.    |    |
| The agency is terminat  | ed and the office discontinued on the 31st   | day after the date on which this   | statement is f | iled.    |    |
|                         | (Signature of Resigning Agen                 | t <sub>1</sub>                     | ,              |          |    |
| If signing on behalf of | an entity:                                   |                                    | l "A           | i        |    |
|                         | Rebecca S. Matz                              | ·                                  |                | ` .      |    |
|                         | (Typed or Printed Name) Assistant Secretary  |                                    |                |          |    |
|                         | (Capacity)                                   |                                    |                |          |    |

FEES:
Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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