M0300003082

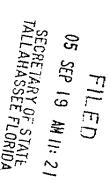
(Re	equ e stor's Name)				
(Ad	ldress)				
/8/	ldress)	 			
(100	idiess)				
(Cit	ty/State/Zip/Phone	;#)			
 7	1	_			
PICK-UP	WAIT	MAIL			
	siness Entity Nan	ne)			
(= -		··-•,			
	<u> </u>				
(Do	ocument Number)				
Certified Copies Certificates of Status					
Special instructions to	Filing Officer:				
:					
		i			
		1			
		1			
1		j			

Office Use Only



600059185646

09/19/05--01013--019 **85.00



Join Join

F. S. P 2 7 2005

CT CORPORATION

September 8, 2005

RE: HCG NORTH AMERICA, LLC (CA. DOM.)

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is <u>1</u> check in the amount of <u>\$85.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, w enclose a stamped self-address envolepe.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (ld)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:ld Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416((2) or 608.509), Florid	a Statutes, the	e undersigned	i,		
C T CORPORATION	N SYSTEM			, hereb	y resigns as			
	(Name of Registered Age	•			, ,			
Registered Agent for _	HCG NORTH AMER	UCA, LLC	(CA.	DOM.)				
	(Name of Lin	oited Liability C	ompany)					
M0300000	3082							
(Document Nu	mber, if known)							
A copy of this resignat	tion was mailed to the a	bove listed li	mited lia	ability compa	ny at its last k	cnown add	iress.	
The agency is terminat	an entity:	ature of Mesignia	ng Agent)	,	te on which t	this statem		filed.
	C T CORPORATION			esa Alheri	_	LL A	05	
	•	Typed or Printed STANT SEC	•	.Y		HAS	SEP	П
	FILING \$ 85,00	(Capacity) FEES: Active limi	ited liab	ility compan	·	RY OF STATE SEE FLORIDA	19 財11:21	LED
	\$ 25.00	Administra withdrawn	tively d limited	issolved/vol liability con	y untarily disso ipany	olved/		

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