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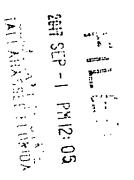
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Registration Section Division of Corporations

TO:

SUBJECT:		STINATIO	•
	Name of Limi		Company
DOCUMENT NUMBER:	M050	000003861	
The enclosed Resignation of Refor filing.	gistered Agent fo	or a Limited	Liability Company and fee are submitt
Please return all correspondence	e concerning this	matter to th	e following:
Kaitie Sp	erry		
Name of I	Person Person		
Corporate D	irect, Inc.		
Name of Firm	/Company		
2248 Meridia	n Blvd, Ste H		
Addre	SS		
Minden, NV	89423		
City/State and	Zip Code		
info@corporate	edirect.com		
E-mail address: (to be used for f	uture annual report r	notification)	
For further information concern	ing this matter, p	lease call:	
Kaitie Sperry	ı te	,775	782-2201 Daytime Telephone Number
Name of Person	an t	Area Code	Daytime Telephone Number

STREET ADDRESS:

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section
Division of Corporations

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision:	s of section 605.011:	5, Florida Statutes, the u	ndersigned,				
Gerri Detweiler Name of Registered Agent			hereby resigns	_ , hereby resigns as			
Registered Agent for SH	IORE DESTINAT	TIONS LLC				-	
	Name of Lim	nited Liability Company					
M05000	003861						
Document Nun	nber, if known						
A copy of this resignation The agency is terminated							
	Her	Signature of Resigning Ago	8-29-	17			
If signing on behalf of an	entity:						
	(Gerri Detweiler		****			
	Pec	yped or Printed Name Capacity		ALI AHASS	TEH SEP - I	Pro-	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liabilit Administratively diss withdrawn limited lia	ty company solved/ voluntarily d ability company	issolvod/	PH 12: 05	7	

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