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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES

Account Number: 075350000353 Phone : (212)431-5000 Fax Number : (212)431-1441

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Fax:888-692-9256

Pursuant to the provisions of section 608.416(2) or 608	8.509, Florida Statutes, the undersigned,
BlumbergExcelsior Corporate Service	ces, Inc. , hereby resigns as
Name of Registered Agent	
Registered Agent for	·
Liberty State F	Finance, L.L.C
Name of Limited Liabi	lity Company
M0600002059	
Document Number, if known	·
A copy of this resignation was mailed to the above list	ted limited liability company at its last known address.
The agency is terminated and the office discontinued of	on the 31st day after the date on which this statement is filed.
Cum	il
Signatu	re of Resigning Agent
If signing on behalf of an entity:	re of Resigning Agent
Marc	: Moel 2 F
Typed or P	rimed Name
Assistant	t Secretary 3
Capac	t Secretary
	हिं। इंद्र
	2

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withdrawn limited liability company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 Tallahasses, FL 32314