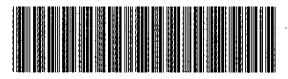
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(Requestor's Name)	
(Address)	•
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Nan	ne)
(Document Number)	
Certified Copies Certificates	of Status
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Special Instructions to Filing Officer:	

Office Use Only



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On John

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisio	ons of section 608.416(2) of 608.309, Flor	ida statutes, tile undersigned,	
C T CORPORATION	SYSTEM	, hereby resigns as	
	(Name of Registered Agent)	,, 100.000	
Registered Agent for	ARK II MANUFACTURING, LLC. (D	DE. DOM.)	_
<u></u>	(Name of Limited Liability Compan		_, D
M06000002867		- ORE	SEP 2
(Document Nun	nber, if known)	ASSA MATAR	29
A copy of this resignation	on was mailed to the above listed limited	liability company at its last known addres	r i
The agency is terminate	ed and the office discontinued on the 31st	day after the date on which this statement	is filed.
	(Signature of Resigning Age	<u>⇒</u>	ಪ
If signing on behalf of a	an entity:		
	C T CORPORATION SYSTEM - Th	eresa Alfieri	
	(Typed or Printed Name) ASSISTANT SECRETA	RY	
	(Capacity)		

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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 Tallahassee, FL 32314