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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	ction 608.416(2) or 608.509, Florid	la Statutes, the undersigned,	
CI	FRA, LLC	, hereby resigns as	
Name o	f Registered Agent	· • •	
Registered Agent for	SG LANDM	ARK, LLC	
	Name of Limited Liability Company		
M070000036			
Document Number, if I	known		
A copy of this resignation was r	nailed to the above listed limited li	ability company at its last knows	n address.
The agency is terminated and the	e office discontinued on the 31st d	ay after the date on which this st	atement is filed.
	J. B. Signature of Resigning	taleo	2812 PEZ
If signing on behalf of an entity		S	G CO P
	Joyce F. Bentubo		R IN
	Typed or Printed Name	r =	· (/)
	Secretary		🚍 င်း 🔘
	Capacity	un.r' Eye	QLD

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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