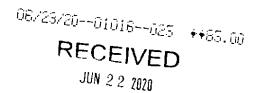
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(Requestor's Name)					
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COVER LETTER

SUBJECT:	NWOOD COMMONS (
	Name of Limited	Ciability (Company
DOCUMENT NUMBER:	M0700005944		
The enclosed Resignation of Refor filing.	egistered Agent for a	Limited	Liability Company and fee are submitte
Please return all correspondend	e concerning this ma	atter to the	e following:
LISA A STARRY			
Name of	Person		
TRAC - THE REGISTERED AGE	NT COMPANY		
Name of Firm	n/Company		
715 SAINT PAUL ST			
Addre	ess		
BALTIMORE MD 21202			
City/State an	d Zip Code		
FINANCE@TRACAGENTS.COM	l		
E-mail address: (to be used for	future annual report notif	ication)	
For further information concern	ning this matter, plea	sse call:	
LISA A STARRY	41 at (0)	752-8030
Name of Person	ı A	ea Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

TO: Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee. FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ins of section 605.0115, Florida Statutes, the under	rsigned,		
TRAC - THE REGISTE	RED AGENT COMPANY	, hereby resigns as		
	Name of Registered Agent	, , <u></u>		
Registered Agent for _	LAWNWOOD COMMONS OPERATING, LLC			
	Name of Limited Liability Company	<u>. </u>	,	
M07000005944				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above listed limited liability	company at its last known a	address.	
The agency is terminate	and the office discontinued on the 31st day after the signature of Resigning Agent	r the date on which this state	ementisfile	d.
If signing on behalf of	an entity:		2	
	LISA A STARRY		020	
	Typed or Printed Name VP, ON BEHALF OF TRAC - THE REGISTER Capacity	ED AGEN	2020 JUN 22	•
	FILING FEES: \$ 85.00 — Active limited liability of \$ 25.00 — Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissolved/ ity company	PH 1: 36	الريد

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