## M08000065191

(Requestor's Name)		
(Address)	***	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	ΛAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to rining Officer.		

Office Use Only



300252744963

12/03/13--01019--004 \*\*50.00



## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 608.410	6(2) or 608.509, Florida Statutes, the under	ersigned,
NRAI SERVICES, INC.		, hereby resi	ons as
	(Name of Registered Ag		5
Registered Agent for _	LAZARUS ENERG	Y HOLDINGS LLC (DE. DOM.)	
	(Name of L	imited Liability Company)	
M08000005191	1		
(Document Nu	imber, if known)	<del> </del>	
A copy of this resignar	tion was mailed to the	above listed limited liability company at	its last known address.
If signing on behalf of	(Sig	ontinued on the 31st day after the date on nature of Resigning Agent)	which this statement is filed.
	NRAI SERVICES	S, INC Theresa Alfieri	
		(Typed or Printed Name) ISTANT SECRETARY	1 (m) (m)
	FILING \$ 85.00 \$ 25.00	(Capacity)  GFEES: Active limited liability company Administratively dissolved/ voluntari withdrawn limited liability company	ly dissolved/

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