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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:__

LLC REGISTERED AGENT RESIGNATION GENERATION PROPERTIES III, LLC

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| STATEMENT OF RESIGNATION OF REGISTERED | AGE | ENT |
|--|---------|-----|
| FOR A LIMITED LIABILITY COMPANY | | |

| | | | 20 |
|---------------------------|--|----------------------|----------------|
| Pursuant to the provision | ns of section 605.0115, Florida Statut | es, the undersigned, | |
| C T CORPORATION SYSTEM | | , hereby resigns as | |
| | Name of Registered Agent | | 7: 32 1.08H |
| Registered Agent for | | | |
| | OPERTIES III, LLC | | , la |
| | Name of Limited Liability Comp | bauk. | · |
| M11000005068 | | | |
| Document N | ninher, if known | | |
| | on was mailed to the above listed limited and the office discontinued on the 3 | | |
| | Kilal Jargha Sighalire silkesi | Tring Agent | |
| If signing on behalf of a | on entity; | | |
| | Kimberly Laughrey | | |
| | Typed or Printed Na | me | |
| | Assistant Secretary | <u> </u> | |
| | 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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