M12000002710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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SEP 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SGN Acqusition Company LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M12000002710

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aimee Christo
Name of Person

SGN Acquisition Company LLC
Name of Firm/Company

PO Box 1927
Address

Carlsbad, CA 92018
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aimee Christo at (760) 994-5085
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE FLORIDA

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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

InCorp Services, Inc. , hereby resigns as

Name of Registered Agent

Registered Agent for SGN Acquisition Company LLC

Name of Limited Liability Company

M12000002710

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Megan Bessey

Signature of Resigning Agent

If signing on behalf of an entity:

Megan Bessey for InCorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

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TALLAHASSEE FLORIDA

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

INHS17 (2/14)