M13000002797

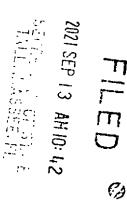
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL ·		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Regis	stration Section ion of Corporations	
SUBJECT:	<u> </u>	HOLDINGS LLC
Ĺ	Name of Limited	I Liability Company
DOCUMEN	T NUMBER: M13000002787	
The enclosed for filing.	l Resignation of Registered Agent for	a Limited Liability Company and fee are submitted
Please return	all correspondence concerning this m	atter to the following:
Attn: ROA	Name of Person	
Capitol Co	rporate Services, Inc. Name of Firm/Company	
PO Box 18	Address	
Austin, TX	78767 City/State and Zip Code	
	capitolservices.com	ification)
For further in	nformation concerning this matter, ple	ase call:
Agent Res	ignation Filings Team at (rea Code Daytime Telephone Number
Enclosed is a liability com liability com	pany or \$25.00 for an administratively	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING A	ADDRESS:	STREET ADDRESS:
Amendment Division of C P.O. Box 632	Corporations	Amendment Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•		o, Florida Statutes, t	ne undersigned,	
Capitol Corporate Services, Inc.			, hereby resigns as	
	Name of Registered Ages		·	
Registered Agent for	E	BRITTON HILL	HOLDINGS LLC	
		Name of the Limited	d Liability Company	
M13000	0002787			
		1 4 , 11 2 11	P. 1995	
A copy of this resignation	i was mailed to the a	ibove listed limited	liability company at its last known address.	
The agency is terminated	and the office disco	ontinued on the 31st	day after the date on which this statement is filed	
			•	
		Signature of Revignin	g Agent	
If signing on behalf of an	entity:			
		Jason Fischer	2/	
Тур		yped or Printed Name	77.	
		sistant Secretar	r ŞEP	
		Capacity		
	FILING \$ 85.00 \$ 25.00	Active limited lia Administratively	ability company dissolved/voluntarily dissolved/ed liability company	

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