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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007

Fax Number

: (702)866-2500 : (702)866-2689

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

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LLC REGISTERED AGENT RESIGNATION CDK INVESTMENTS, LLC

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CDK INVESTMENTS, LLC			
Name of Limite	d Liability	Company	
DOCUMENT NUMBER: M14000006157			
The enclosed Resignation of Registered Agent for for filing.	a Limited	Liability Company and fee are	e submitted
Please return all correspondence concerning this n	natter to th	e following:	- 700
Wendy Hefley			S MAY
Name of Person			6- Å
Incorp Services, Inc.			्र _{वक} स्मर
Name of Firm/Company			AM IO: O
3773 Howard Hughes Parkway, Suite 500S		,	MID: OI
Address			;p>
Las Vegas, NV 89169-6014			
City/State and Zip Code			
processing@incorp.com			
E-mail address: (to be used for future annual report no	titication)		
For further information concerning this matter, ple	ase call:	•	
Incorp Services, Inc./Wendy Hefley at (702	866-2500 ext 6601	
Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a check made payable to the Florida E liability company or \$25.00 for an administratively liability company.	Department y dissolved	of State for \$85.00 for an acti , voluntarily dissolved or with	ve limited Idrawn limited
MAILING ADDRESS:		T ADDRESS:	
Registration Section	_	tion Section	
Division of Corporations P.O. Box 6327	Division Clifton	of Corporations	•
Tallahassee, FL 32314	-	ecutive Center Circle	•

Tallahassee, FL 32301

INHS17 (2/14)

416000114573

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ons of section 603.0113, Florida Sta	lutes, the undersigned,	•	
nc.	, hereby re	esions as	
Name of Registered Agent	<u> </u>		
CDK INVESTMENTS, LLC			BS
		3	CIRE
Name of Limited Liability Co	ompany	1	1000
		-	en c
lumber, if known		5	, E.,
ion was mailed to the above listed li	mited liability company		
Signature of R	\	on which this statement is file	d.
•	andaga Ina	•	
		,	
**	Name		
Authorized Representative			
Capacity			
	Name of Registered Agent CDK INVESTMENTS, LLC Name of Limited Liability Co Number, if known ion was mailed to the above listed li ed and the office discontinued on the Signalize of R an entity: Wendy Hefley for Incorp Se Typed or Printed I Authorized Representative	Name of Registered Agent CDK INVESTMENTS, LLC Name of Limited Liability Company ion was mailed to the above listed limited liability company ed and the office discontinued on the anst day after the date of Resigning Agent an entity: Wendy Hefley for Incorp Services, Inc. Typed or Printed Name Authorized Representative	Name of Registered Agent CDK INVESTMENTS, LLC Name of Limited Liability Company Name of Limited Liability Company Jumber, if known ion was mailed to the above listed limited liability company at its last known address. ed and the office discontinued on the atst day after the date on which this statement is file Signalize of Resigning Agent an entity: Wendy Hefley for Incorp Services, Inc. Typed or Printed Name Authorized Representative

<u>FILING FEES:</u>

\$ 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