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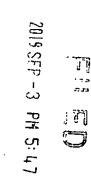
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COVER LETTER

SUBJECT: VRE ARGYLE FOREST, LLC Name of Limited Liability Company DOCUMENT NUMBER: M15000000842 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: Krystal Beckner Name of Person COGENCY GLOBAL INC. Name of Firm/Company 850 New Burton Rd., Suite 201 Address Dover, DE 19904 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Invoices Team at (<u>866</u>) <u>621-3524</u> Area Code Daytime Telephone Number Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: STREET ADDRESS: Registration Section Registration Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the	ie undersigned.			
COGENCY GLOBAL INC.	, hereby resigns as			
Name of Registered Agent	, nereby resigns as	. Hereby resigns as		
Registered Agent for VRE ARGYLE FOREST, LLC				
Name of Limited Liability Company			:	
M15000000842				
Document Number, if known				
A copy of this resignation was mailed to the above listed limited li	ability company at its last kn	own address	ŝ.	
The agency is terminated and the office discontinued on the 31st d	ay after the date on which th	is statement	is filed.	
Krystal Backer. Signature of Resigning	Agent	2019 SEP		
If signing on behalf of an entity:			<u> </u>	
Krystal Beckner		င်	פר.	
Typed or Printed Name		PH	; [7]	
Assistant Secretary, COGENCY	GLOBAL INC.			
Capacity		5: 47		

\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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