

12/21/2017 THU 14:16 FAX

12/21/2017

Division of Corporations

0001/002

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
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Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

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ALLAHASSEE, FLORIDA

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Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
HALFPAY NV LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

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ALLAHASSEE, FLORIDA
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DEC 22 2017

Y SULKER

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Seth E. Ellis

, hereby resigns as

Name of Registered Agent

Registered Agent for HALFPAY NV LLC

1

Name of Limited Liability Company

M15000003889

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.

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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