M1600000821

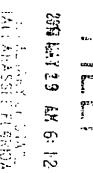
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MAY 30 10:0 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations
SUB.	JECT:
	Name of Limited Liability Company M16000008821
DOC	CUMENT NUMBER: M16000008821
The of	enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ling.
Pleas	e return all correspondence concerning this matter to the following:
Meg	an Hughes
	Name of Person
Sma	art Business Incorporation
	Name of Firm/Company
3990) Warren Way
	Address
Ren	o, NV 89509
-	City/State and Zip Code
meg	an@smartbusinessincorporation.com
	E-mail address: (to be used for future annual report notification)
For f	urther information concerning this matter, please call:
Pete	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
liabil	osed is a check made payable to the Florida Department of State for \$85.00 for an active limited ity company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited ity company.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 prov	isions of section 605.0115, I	Florida Statutes, the undersigned,		
Peter Hughes		, hereby resig	ms as	
	Name of Registered Agent		•	
Registered Agent fo	iCrete LWIC LLC			
		f Liability Company		
M16000008821				
Documen	nt Number, if known	_		
A copy of this resign	nation was mailed to the abo	we listed limited liability company at i	is last known address.	
The agency is termin	Runda	nued on the 31st day after the date on	which this statement is filed	l.
	S	ignature of Resigning Agent		
If signing on behalf	of an entity:		F. 63	
	Peter Hughes		296 Ha 1	ري نشا \$
	Турс	d or Printed Name	- 注意 ・	
	Registered Agent		<i>်</i> ဂ်က် (%) ယ ် (ယ်)	
		Capacity		-
) ,
	\$ 25.00	EES: Active limited liability company Administratively dissolved/voluntaril withdrawn limited liability company	y dissolved/	

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