Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

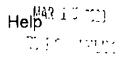
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : INCORPORATING SERVICES, LTD. Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:____ LLC REGISTERED AGENT RESIGNATION DG EDISON, LLC Certificate of Status Certified Copy 02 Page Count \$25.00 Estimated Charge

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COVER LETTER Halooocalo444 3

TO:	Registration Section Division of Corporations		ই,	*.
SUB.	DG EDISON, LLC			
	Name	of Limited Liability	Company	
DOC	UMENT NUMBER: M19000002	120		
The e	nclosed Resignation of Registered Aing.	Agent for a Limited	Liability Company and f	ee are submitted
Pleas	e return all correspondence concerni	ing this matter to th	e following:	
Ama	nda Archambault			
	Name of Person			
Inco	rporating Services, Ltd.			
	Name of Firm/Company	,		
3500) S DuPont Highway			
	Address			
Dov	er, DE 19901			
_	City/State and Zip Code			
	hambault@incserv.com			
	E-mail address: (to be used for future annua	al report notification)		
For f	urther information concerning this n	natter, please call:		
Ama	anda Archambault	302	531-0712 Daytime Telephone Num	
	Name of Person	Area Code	Daytime Telephone Num	ber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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)

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Flo	rida Statutes, the undersigned,		
Incorporating Services, Ltd.	, hereby resigns as		
Name of Registered Agent			
Registered Agent for DG EDISON, LLC			
Name of Limited Li	iability Company	,1	ì
M19000002120			
Document Number, if known			
A copy of this resignation was mailed to the above The agency is terminated and the office discontinu Sign		statement is	filed
If signing on behalf of an entity:		1.3	
	a Archambault	ز	
	or Printed Name		
	int Secretary	***	_
Ca	apacity	7.7	
		 (၃	
FILING FEE \$ 85.00 Ac \$ 25.00 Ad wi	<u>IS:</u> tive limited liability company Iministratively dissolved/ voluntarily dissolved ithdrawn limited liability company	V	

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