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Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT RESIGNATION SWAMCAM PHOTOS LLC

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T. LEMIEUX

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5.

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.01	15. Florida Statutes, the undersigned	d,		
REGISTERED AGENTS. INC.		, herel	, hereby resigns as		
. 111.	Name of Registered Ag	ent	-		
Registered Agent for	SWAMCAM PI	HOTOS LLC			
				Ø;	
	Name of Li	mited Liability Company	. =====================================	102	
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Document	Number, if known	<del></del>	12. 14. 14.	27	
A copy of this resigna	ation was mailed to the	above listed limited liability compa			
The agency is termina	ited and the office disc	ontinued on the 31st day after the day	ate on which this state	ementis filed.	
		avid Boots. Signature of Resigning Agent	······		
If signing on behalf o	Can entity:				
:		David Roberts Typed or Printed Name	<del></del>		
	<i></i>	Assistant Secretary Capacity	<del></del>		
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ vof withdrawn limited liability con	untarily dissolved/		

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