COVER LETTER

TO: Registration Section
            Division of Corporations

SUBJECT: _____
                    Name of Limited Liability Company

DOCUMENT NUMBER: _____

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:

_____
              Name of Person

_____
            Name of Firm/Company

_____
                  Address

_____
            City/State and Zip Code

_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____)_____
        Name of Person   Area Code   Daytime Telephone Number

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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

_____ , hereby resigns as
<div align="center">Name of Registered Agent</div>

Registered Agent for _____

_____ ,
<div align="center">Name of Limited Liability Company</div>

_____
<div align="center">Document Number, if known</div>

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.

_____
<div align="center">Signature of Resigning Agent</div>

If signing on behalf of an entity:

_____
<div align="center">Typed or Printed Name</div>

_____
<div align="center">Capacity</div>

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           withdrawn limited liability company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

INHS17 (2/14)