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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Certificate of Resignation of Registered Agent



1. Name(s) of the Limited Liability Company or companies is (are)		
2. The undersigned hereby resigns as Registered Agent for the above Limited Liability Company or companies		
By: Signature of Registered Agent		(Please keep writing within blocks)
Printed Name		
Street and Mailing Addre	ess	
Physical Address		
P.O. Box		
City, State, ZIP5, ZIP4		-