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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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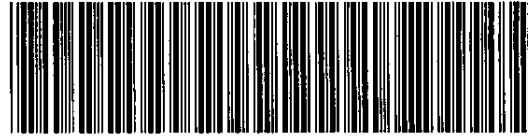
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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T. HAMPTON

NOV - 9 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HITE HOLDINGS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000106776

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:

Kim M. Stanfield.  
Name of Person

The Hogan Law Firm, LLC  
Name of Firm/Company

20 So. Broad Street  
Address

Brooksville, Florida 34601  
City/State and Zip Code

kstanfield@hoganlawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim M. Stanfield at ( 352 ) 799-8423  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

The Hogan Law Firm, LLC, hereby resigns as  
Name of Registered Agent

Registered Agent for \_\_\_\_\_  
HITE HOLDINGS, LLC  
Name of Limited Liability Company

L06000106776  
Document Number, if known

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.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Deborah Hogan, Esq.  
Typed or Printed Name  
Manager  
Capacity

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DIVISION OF CORPORATIONS  
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**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