

LO9000100222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

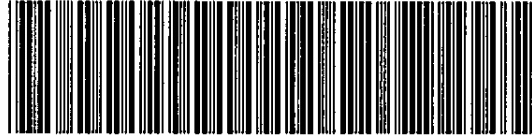
(Business Entity Name)

(Document Number)

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2016 JAN 28 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 02 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HANLY INVESTMENTS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000100222

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:

Gregory M. Schweitzer

Name of Person

Capital Rental Agency, Inc.

Name of Firm/Company

1497 N.W. 7 Street

Address

Miami, FL 33125

City/State and Zip Code

hanlylim@gmail.com

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

For further information concerning this matter, please call:

Gregory M. Schweitzer

Name of Person

at ( 305 ) 642-7080

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

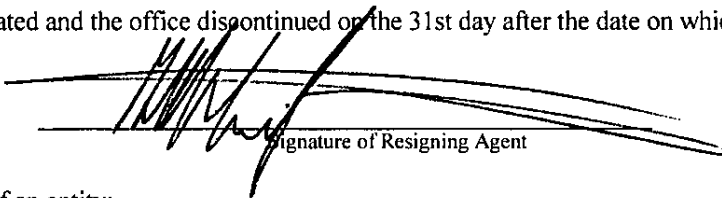
Capital Rental Agency, Inc., hereby resigns as  
Name of Registered Agent

Registered Agent for HANLY INVESTMENTS LLC  
Name of Limited Liability Company

L09000100222  
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:

Gregory M. Schweitzer  
Typed or Printed Name  
President  
Capacity

2016 JAN 28 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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