

A18000000 336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLMAN ASSOCIATES, LLC

2019 DEC -6 AM 9:45

FILED

JAN 13 2020

C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H2TV, LP
Name of Limited Liability Company

DOCUMENT NUMBER: A18000000336

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:

Matthew Hurley

Name of Person

H2TV, LP

Name of Firm/Company

8191 College Parkway, Suite 301

Address

Fort Myers, FL 33919

City/State and Zip Code

hurley@theh2org.com

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

For further information concerning this matter, please call:

Matthew Hurley

Name of Person

at (239) 223-8941

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

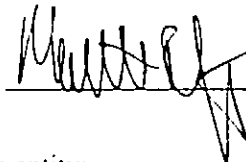
Matthew Roepstorff _____, hereby resigns as
Name of Registered Agent

Registered Agent for 112TV, LP _____
Name of Limited Liability Company

A18000000336 _____
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:

Typed or Printed Name

Capacity

FILED
2019 DEC -6 AM 9:45
TALLAHASSEE, FL

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