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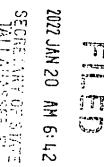
(Re	questor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				

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RECEIVED

2022 JAN 20 AM 10: 23

FLORIDA DEPARTMENT OF STATE
Division of Corporations SECRETARY OF STATE
TALLAHASSEE, FL

January 7, 2022

DAVID MAINS 301 DAL HALL BLVD LAKE PLACID, FL 33852

SUBJECT: HITAKEE, L.L.C. Ref. Number: L03000002875

We have received your document for HITAKEE, L.L.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

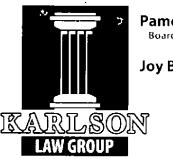
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 622A00000455



Pamela T. Karlson, B.C.S.

Board Certified Real Estate Lawyer

Joy Bogaert, Attorney at Law

January 18, 2022

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Resignation of Registered Agent for an LLC

Hitakee, L.L.C., Document Number: L03000002875

File No. 438-16

Dear Sir or Madam:

Enclosed please find the following for filing in your office:

- 1. Your January 7, 2022, letter notifying us we submitted a Florida Corporation form, instead of an LLC form;
- 2. Cover Letter; and
- 3. Resignation of Registered Agent for a Limited Liability Company.

If you have any questions, or desire additional information, please do not hesitate to contact our office.

Sincerely,

Pamela T. Karlson, J.D., B.C.S.

PTK/drm

Enclosures as stated.

COVER LETTER

HITAKEE, L.IC. SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L03000002875	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
David R. Mains, Paralegal	
Name of Person	
KARLSON LAW GROUP, P.A.	
Name of Firm/Company	
301 Dal Hall Blvd.	
Address	
Lake Placid, FL 33852	
City/State and Zip Code	
info@karlsonlaw.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David R. Mains, Paralegal 863 at (465-5033
	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

Registration Section Division of Corporations

TO:

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 provis	ions of section 605.0115, Florida Statutes, the c	undersigned.	20
PAMELA T. KARLSO	ON, P.A. n/k/a KARLSON LAW GROUP, P.A.	, hereby resigns as	900 圣 [
Name of Registered Agent		Hereby resigns as	M 6: 42
Registered Agent for	HITAKEE, L.L.C		元 元
	Name of Limited Liability Company		·
1.03000002875			
Document	Number, if known		
A copy of this resigna	ation was mailed to the above listed limited liab	ility company at its last kr	nown address.
The agency is termina	ated and the office discontinued on the 31st day Signature of Resigning Age	after the date on which the	is statement is filed.
If signing on behalf o	f an entity:		
	PAMELA T. KARLSON, P.A. n/k/a KARLSO	on law grou <i>t, f</i> .A	
	Typed or Printed Name		
	President		
	Capacity		

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