L03000003189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA Resign
Tennis
4-6-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HFS-USA RETAIL, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L03000003189

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:

Janice Null
Name of Person

Incorp Services, Inc.
Name of Firm/Company

375 N. Stephanie St., Suite 1411
Address

Henderson, NV 89014-8909
City/State and Zip Code

janice.null@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Null for Incorp Services, Inc. at (702) 866-2500 ext. 6505
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

INCORP SERVICES INC. , hereby resigns as
Name of Registered Agent

Registered Agent for

HFS-USA RETAIL, LLC
Name of Limited Liability Company

L03000003189
Document Number, if known

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TALLAHASSEE, FLORIDA

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.

Incorp Services, Inc.

By Tennie Sedlacek
Signature of Resigning Agent

If signing on behalf of an entity:

Tennie Sedlacek
Typed or Printed Name

C.O.O.
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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)