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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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COVER LETTER

Division of Corporations	
SUBJECT:	
Name of Limited Liability	y Company
DOCUMENT NUMBER: LO3000037747	
The enclosed Resignation of Registered Agent for a Limite for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
Richard Gonzalez	
Name of Person	_
Richard Gonzalez P.A.	
Name of Firm/Company	_
4770 Biscayne Boulevard Suite 1110	
Address	_
Miami, FL 33137	
City/State and Zip Code	_
rgonzalez@rglawmiami.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Richard Gonzalez 305	573-8808)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ection 605.0115, Florida Statutes, the under	signed,	
Richard Gonzalez, P.A.		hereby resigns as	
Name	of Registered Agent		7
Registered Agent for HMA F	Properties, LLC	Ул. З	SECRE
	Name of Limited Liability Company	PH	SEET SA OF
LO3000037747		ယ့	61 IS
Document Number, it	known	25	TATE ORID/
A copy of this resignation was	mailed to the above fisted limited liability of	company at its last known addre	SS.
The agency is terminated and t	he office discontinued on the 31st day after Signature of Resigning Agent	the date on which this statemen	it is filed.
If signing on behalf of an entit	<i>(</i> :	•	
Rich	ard Gonzalez		
	Typed or Printed Name		
	Capacity		

FILING FEES:

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314