

C63000046427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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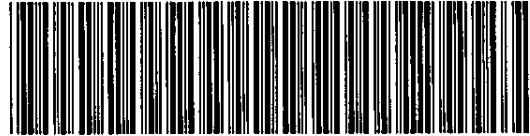
(Business Entity Name)

(Document Number)

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MAY 07 2015
T. LEMIEUX
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harry L. Hamilton

Name of Limited Liability Company

DOCUMENT NUMBER: L0300004627

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:

Harry L Hamilton

Name of Person

Harry L Hamilton LLC

Name of Firm/Company

1100 Belcher Rd. So. #392

Address

Largo, Florida 33771

City/State and Zip Code

wanddo@verizon.net

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

For further information concerning this matter, please call:

Harry L. Hamilton

Name of Person

at (33771)

Area Code

727-538-4700

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Harry L. Hamilton

Name of Registered Agent

, hereby resigns as

Registered Agent for Harry L. Hamilton

Harry L. Hamilton, LLC

Name of Limited Liability Company

L03000046427

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

FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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15 MAY -1 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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