## L04000012962

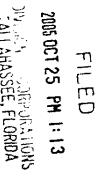
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200060805902

1017/2016-1110/20160 1965 1965.100



4 BRYAN OCT 2 7 2005

## TRANSMITTAL LETTER

SUBJECT: Hampton Hogan Group LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: <u>L0400012962</u>
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:
Mary Jo Spalinger (Name of Person)
Business Filings Incorporated (Name of Firm/Company)
(Name of Firm/Company)  8025 Excelsior Dr. Ste-200  (Address)
Madi Son, WI 53717 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (408) 827-5300 x 254 (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

**TO:.** Améndment Section Division of Corporations

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,  Business Filings Inco(polated), hereby resigns as  (Name of Registered Agent)
Registered Agent for Hampton Hogan Group, LLC
(Name of Limited Liability Company)
L0400012962 (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:
Mary Jo Spalinger (Typed or Printed Name)
Mary Jo Spalinger  (Typed or Printed Name)  Asst. Secretary, Business Filims Incorporated  (Capacity)

\$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