

104000025105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

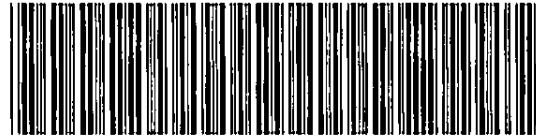
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 24 2018

COVER LETTER

Hope

TO: Registration Section
Division of Corporations

SUBJECT: Hope 04 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000025105

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:

Richard J O'Hare
Name of Person

Richard J O'Hare PA
Name of Firm/Company

1550 Madruga Ave., Suite 120
Address

Coral Gables, FL 33146
City/State and Zip Code

richardjohare@rjoharelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard J O'Hare at (305) 661-4600 Ext 105
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Richard J O'Hare

Name of Registered Agent

Registered Agent for Hope 04 LLC

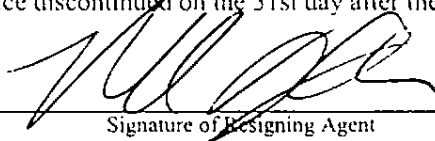
Name of Limited Liability Company

104000025105

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

Richard J. O'Hare

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

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