# #105000000547

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, (C	ity/State/Zip/Phone	<del>&gt;</del> #)		
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## **COVER LETTER**

SUBJECT:	HG GROUP, LLC	
N	Name of Limited Liability Company	
DOCUMENT NUMBER:	L05000000547	
The enclosed Resignation of Register for filing.	ered Agent for a Limited Liability Company and fee are submitt	
Please return all correspondence con-	cerning this matter to the following:	
JASON McGILLIC		
Name of Person	1	
MACK CONSTRUCTION		
Name of Firm/Com	pany	
805 NE 7TH TERRACE Address	SUITE A	
CAPE CORAL, FL City/State and Zip C		
Chyrodic and Zip C	souc	
jason@mackconstru E-mail address: (to be used for future a	uct.com	
E-mail address: (to be used for future a	annual report notification)	
For further information concerning the	his matter, please call:	
Jason McGillicuddy Name of Person	at ( 239 ) 980-4851 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 o	f section 608.416(2) or 608.50	9, Florida Statutes, the undersigned,	
Ricl	nard Johnston, Jr.	, hereby resigns as	44 <b>=</b>
Name of Registered Agent		,g	- E. E.
Registered Agent for	HG	GROUP, LLC	26
			SERIO PE
	Name of Limited Liability	Company,	三00 年
			FLORING F. OF
L0500000	0547		S. C.
Document Numbe	r, if known		
	d the office discontinued on the	imited liability company at its last kr ne 31st day after the date on which th Resigning Agent	
If signing on behalf of an en	itity:		
	Richard Johns	ston, Jr.	
	Typed or Printed	Name	
	Registered	Agent	
	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withdrawn limited liability company \$ 85.00 \$ 25.00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