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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations				
SUBJECT: HCI Me	OR LCC If Limited Liability Company)			
DOCUMENT NUMBER: LC	6000016479			
The enclosed Resignation of Registered Agfor filing.	gent for a Limited Liability Company and fee are submitted			
Please return all correspondence concerning	g this matter to the following:			
MARIA SANG (Name of Person)	STER			
(Name of Person)				
(Name of Firm/Company)				
1350 N FEDER	EAL HWY			
1350 N FEDER (Address) POMPANO BEAC (City/State and Zip Code)	7, Fe. 33067			
For further information concerning this matter, please call:				
MARIA SANGSTER (Name of Person)	at (954) 26 (- 416) (Area Code & Daytime Telephone Number)			
Enclosed is a check made payable to the F liability company or \$25.00 for an administimited liability company.	lorida Department of State for \$85.00 for an active limited stratively dissolved, voluntarily dissolved or withdrawn			
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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,
	PLIA SAUGSTER, he	ereby resigns as
Registered Agent for	HUNOR, LLC. L06000016479	
	(Name of Limited Liability Company)	*
LOG OC (Document Number,	00016479 (if known)	
A copy of this resignation	was mailed to the above listed limited liability com-	npany at its last known address.
The agency is terminated	and the office discontinued on the 31st day after the (Signature of Resigning Agent)	e date on which this statement is filed.
If signing on behalf of an	entity:	8
-	(Typed or Printed Name)	MAR -5
-	(Capacity)	ED TOF STATE SEE, FLOREDA
	DIK INICI BEEG	

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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