

606000 110824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

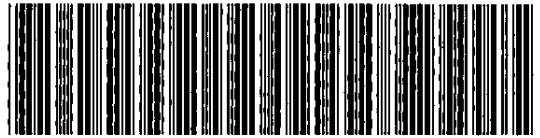
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thomas DEC 24 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HUD Properties, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L06000110824

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:

Koby Adams

(Name of Person)

(Name of Firm/Company)

122 SW MIDTOWN PL, SUITE 106

(Address)

LAKE CITY, FLORIDA 32025

(City/State and Zip Code)

For further information concerning this matter, please call:

Koby Adams

(Name of Person)

at (386) 752-1444 EXT 12

(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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07 DEC 21 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

Koby Adams

(Name of Registered Agent)

Registered Agent for **HUD Properties, LLC**

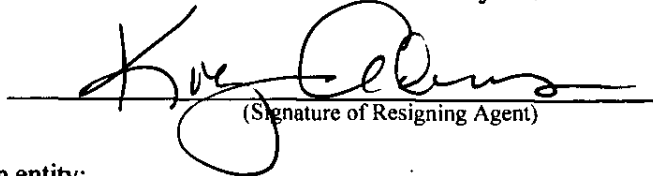
(Name of Limited Liability Company)

L06000110824

(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:

Koby Adams

(Typed or Printed Name)

REGISTERED AGENT

(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

FILED
07 DEC 21 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA