407000012215

(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:			
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Office Use Only



400188836824

12/27/10--01042--023 **320.00





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,			
CFRA, LLC		, hereby resigns as	
	Name of Registered Agent	, , , , ,	
Registered Agent for	HLS HOLDINGS, LLC		
	Name of Limited Liabili	ly Company	
L07000	0012215		
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above liste	d limited liability company at its last known address.	
The agency is terminated	d and the office discontinued or	the 31st day after the date on which this statement is filed.	
	Signature	J. Beluler of Resigning Agent	
If signing on behalf of a	n entity:	· .	
	Joyce F.		
	Secre	tary	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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