107000014771

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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7 NOV 27 MITH 24



COVER LETTER

HILL 341	шс			
SUBJECT:				
Name of Limited Liability Company L07000014771				
DOCUMENT NUMBER: 2070000	4771			
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitted			
Please return all correspondence concerning this matter	to the following:			
Kaitie Sperry				
Name of Person				
Corporate Direct, Inc.				
Name of Firm/Company				
2248 Meridian Blvd., Ste H				
Address				
Minden, NV 89423				
City/State and Zip Code				
info@corporatedirect.com				
E-mail address: (to be used for future annual report notificati	on)			
For further information concerning this matter, please of	all:			
Kaitie Sperry 77				
Name of Person Area C	Code Daytime Telephone Number			
Enclosed is a check made payable to the Florida Depart liability company or \$25.00 for an administratively dissiliability company.	ment of State for \$85.00 for an active limited olved, voluntarily dissolved or withdrawn limited			

STREET ADDRESS:

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section
Division of Corporations

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 605.0115, Florida Stat	lutes, the undersigned,	
Gerri Detweiler		, hereby resigns as	
Name o	of Registered Agent	,,	
Registered Agent for	HILL 34	1 LLC	
	Name of Limited Liability Co	ompany	·
L070000147	71		
Document Number, if	known		
A copy of this resignation was			
The agency is terminated and t	He office discontinued on the		14 14 15 16 17
lf signing on behalf of an entity		esigning Agent	FILED NOV 27 AV
	Gerri Detwe	eiler	~ m
	Typed or Printed l	Name	· · · · · · · · · · · · · · · · · · ·
	Registered A	Agent	TH: 2
	Capacity		7
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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