

LOG 000063808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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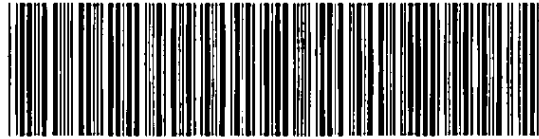
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

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02/02/21--01008--035 **85.00

2021 FEB -1 AM 7:56

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O SIMMONS
MAR 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HLP PROPERTIES AT THE VILLAGES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000063808

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:

RESIGNATION DEPARTMENT

Name of Person

Corporation Service Company

Name of Firm/Company

251 Little Falls Drive

Address

Wilmington DE 19808

City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RESIGNATION DEPT at (800) 927-9801

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2021 FEB -1 AM 7:56

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Corporation Service Company

, hereby resigns as

Name of Registered Agent

Registered Agent for HLP PROPERTIES AT THE VILLAGES, LLC

Name of Limited Liability Company

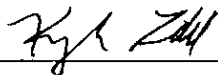
L08000063808

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.

Corporation Service Company



Signature of Resigning Agent

If signing on behalf of an entity:

BY Kyle Todd

Typed or Printed Name

Asst Secretary

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