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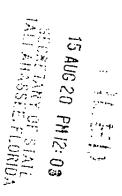
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Hot Shots Delivery, LLC  Name of Limited Liabilit	y Company
DOCUMENT NUMBER: L09000039095	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
ROBIN MOLT	
Name of Person	<del>-</del>
CORPORATION SERVICE COMPANY	
Name of Firm/Company	_
80 STATE STREET	
Address	_
ALBANY NY 12207	
City/State and Zip Code	_
RMOLT@CSCINFO.COM	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
ROBIN MOLT 518	<sup>433-7018</sup>
Name of Person at (at Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolve liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: STRE	ET ADDRESS:

Registration Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the	undersigned,		
CORPORATION SERVICE COMPANY		, hereby resigns a	_ , hereby resigns as	
Name of Registered Agent		,,,,,		
Registered Agent for _	Hot Shots Delivery, LLC			
	Name of Limited Liability Company		<del>,</del>	
L09000039095				
Document 1	Number, if known			
A copy of this resignat	tion was mailed to the above listed limited lial	bility company at its las	st known address.	
The agency is terminal	ted and the office discontinued on the 31st day	y after the date on whic	h this statement is filed	
	Signature of Resigning A	Q. J. gent	15 AUG	
If signing on behalf of an entity:			SS 0	
	ROBIN MOLT		PH PH	
	Typed or Printed Name	<del></del>	PHIZ:	
	ASST SECRETARY		OWING CONTRACTOR	
	Canacity			

## **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