## #/10000090211

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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EXAMINER
DEC. 3 1 2013



## Resignation of Registered Agent for a Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 12/17/2013 FLORIDA

**REP UNIT:** 

HH TERRA HOLDINGS, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 24660 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: HH TERRA HOLDINGS, LLC  Name of Limited Liability Company				
	ed Liability Company			
DOCUMENT NUMBER: <u>L10000090211</u>				
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted			
Please return all correspondence concerning this r	matter to the following:			
Rhonda Peirce				
Name of Person				
Capitol Services Registered Agent Dep	partment			
800 Brazos, Suite 400 Address				
Austin, Texas 78701  City/State and Zip Code	· <u>·····</u>			
rpeirce@capitolservices.com  E-mail address: (to be used for future annual report no	otification)			
For further information concerning this matter, pl	ease call:			
Rhonda Peirce at (at (	800 345-4647 Area Code & Daytime Telephone Number			
Enclosed is a check made payable to the Florida I liability company or \$25.00 for an administrative limited liability company.	Department of State for \$85.00 for an active limited ly dissolved, voluntarily dissolved or withdrawn			
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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

Pursuant to the provisions	of section 608.416(2) or 608.509, Flori	da Statutes, the undersigned,	🔥
Capitol Co	orporate Services, Inc.	, hereby resigns as	13 B
N:	ame of Registered Agent	<u> </u>	2
Registered Agent for			3
	HH TERRA HOLDING	SS, LLC	
	Name of Limited Liability Company		
			<b>善科</b>
L100000	90211		7.*
Document Numb	per, if known		
A copy of this resignation	was mailed to the above listed limited l	liability company at its last know	n address.
The agency is terminated a	and the office discontinued on the 31st	day after the date on which this s	statement is filed.
_	Assignature of Resignin	g Agent	
If signing on behalf of an o	entity:		
· _	Jason Fischer		
	Typed or Printed Name		
	Assistant Secretar	<u></u>	
_	Canacity		

FILING FEES:
\$ 85.00
\$ 25.00
Active limited liability company
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