

L11000012247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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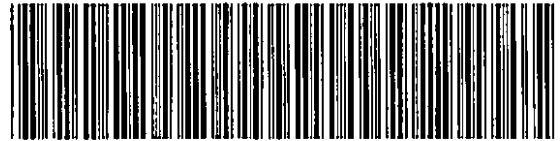
(Business Entity Name)

(Document Number)

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J. I. EGGETT
JUN 06 2018

18 JUN 06 2018
11:00:00 AM
J. I. EGGETT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hookshot Holdings LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L11000012247

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:

John Benedetto

Name of Person

Hookshot Holdings LLC

Name of Firm/Company

3462 Lago De Talavera

Address

Wellington, FL 33467

City/State and Zip Code

aetto@aol.com

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

For further information concerning this matter, please call:

John Benedetto 561 596-8890
at ()
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Gina Benedetto

, hereby resigns as

Name of Registered Agent

Hookshot Holdings LLC

Registered Agent for

Name of Limited Liability Company

L11000012247

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.

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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withdrawn limited liability company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