L11000047193

| . (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ac | idress) | | | |
| (Ac | ddress) | | | |
| (Ci | ty/State/Zip/Phon | e #) | | |
| PICK-UP | MAIT WAIT | MAIL. | | |
| (Bu | usiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF SIMIL DIVISION OF CORPORATIONS

MAR 1 9 2012 T. HAMPTON

COVER LETTER

HADO Investment, LLC
Name of Limited Liability Company SUBJECT: L11000047193 **DOCUMENT NUMBER:** 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: Heidi Nauven Name of Person HADO Investment, LLC Name of Firm/Company 2137 Sandpiper Drive Address Clearwater, FL 33764 City/State and Zip Code heidingy@yahoo.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Heidi Nguyen 727) 776-0866 Area Code & Daytime Telephone Number Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Amendment Section Division of Corporations

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sec | etion 608.416(2) or 608.5 | 09, Florida Statutes, the und | ersigned, |
|---|---------------------------|-------------------------------|--|
| Tor | ny Nguyen | , hereby res | signs as |
| Name of | Registered Agent | | |
| Registered Agent for | HAD | O Investment, LLC | |
| | Name of Limited Liability | Company | , |
| L1100004719 | 93 | | |
| Document Number, if l | anown | | |
| A copy of this resignation was not the agency is terminated and the | | | |
| <i>\rightarrow\righta</i> | Juyun Tony Signature o | f Resigning Agent | |
| If signing on behalf of an entity: | • | | SECRETON OF THE PROPERTY OF TH |
| | Typed or Printe | ed Name | R 16 |
| , | Capacity | | AH II: 37 |

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