

L11000065331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 28 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HUJONA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000065331

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:

DONALD E. NATIONS
Name of Person

HUJONA, LLC
Name of Firm/Company

1366 - W. 15th ST.
Address

PANAMA CITY FL 32401
City/State and Zip Code

donfnations@cs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DON NATIONS at (850) 785-2233
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

J. ROBERT HUGHES, hereby resigns as
Name of Registered Agent

Registered Agent for HUJONA, LLC
Name of Limited Liability Company

L11000065331
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.

J. Robert Hughes
Signature of Resigning Agent

If signing on behalf of an entity:

J. ROBERT HUGHES
Typed or Printed Name
NGRM
Capacity

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12 JAN 20 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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