

L11000103330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

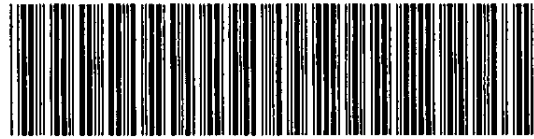
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 SEP 20 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 23 2013
T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hadtcall, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000103330

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:

Eric Rohner
Name of Person

Hadtcall, LLC
Name of Firm/Company

250 Apollo Beach Blvd.
Address

Apollo Beach, FL 33572
City/State and Zip Code

erohner55@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Rohner at (813) 938-3166
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

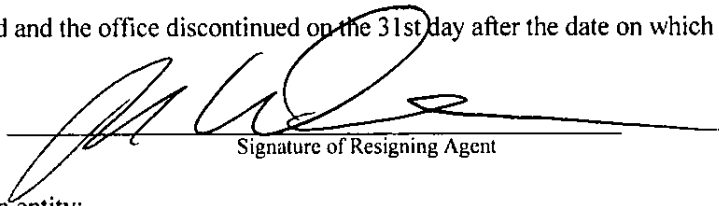
Rory B. Weiner, P.A. _____, hereby resigns as
Name of Registered Agent

Registered Agent for **Hadtcall, LLC** _____
Name of Limited Liability Company

L11000103330 _____
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:

Rory B. Weiner _____
Typed or Printed Name
President _____
Capacity

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**