L12000032347

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Pusings Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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COVER LETTER

SUBJECT: HLN PROPER I Name of Limited Lial	CT: HLN PROPERTIES, LLC Name of Limited Liability Company		
DOCUMENT NUMBER:L120	MBER: L12000032347		
The enclosed Resignation of Registered Agent for a Linfor filing.	mited Liability Company and fee are submitted		
Please return all correspondence concerning this matter	to the following:		
Augusto Granados Name of Person			
GRANADOS, P.A. Name of Firm/Company			
210 Sea View Drive #303 Address	<u> </u>		
Key Biscayne, FL 33149 City/State and Zip Code			
E-mail address: (to be used for future annual report notification for further information concerning this matter, please concerning the second	,		
Augusto Granados at (305 Area C	5) 951-5477 Code & Daytime Telephone Number		
Enclosed is a check made payable to the Florida Depart liability company or \$25.00 for an administratively diss limited liability company.	ment of State for \$85.00 for an active limited olved, voluntarily dissolved or withdrawn		

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 provisi		boroby regions of
	Name of Registered Agent	, hereby resigns as
Registered Agent for _	Agent for HLN PROPERTIES, LLC	
	Name of Limited Liability (Company
	00032347 Number, if known	
A copy of this resignat	ion was mailed to the above listed l	imited liability company at its last known address.
The agency is terminal	() un mall.	ne 31st day after the date on which this statement is filed. Resigning Agent
If signing on behalf of	an entity:	
	Augusto Gra	
	Typed or Printed Preside	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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