

L12000067467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800312320048

04/26/18--01010--013 **85.00

FILED
2018 APR 26 AM 11:38
SE COUNTY, UT
FALLS CHURCH, VA

APR 27 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Himark Holdings, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000067467

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:

Jane A Mosby

Name of Person

Himark Holdings, LLC

Name of Firm/Company

3211 Takara Drive

Address

Evansville, Indiana 47715

City/State and Zip Code

remjs91@gmail.com

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

For further information concerning this matter, please call:

Jane A Mosby

Name of Person

at (812) 549-6885

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Jane A Mosby, hereby resigns as

Name of Registered Agent

Registered Agent for Himark Holdings, LLC

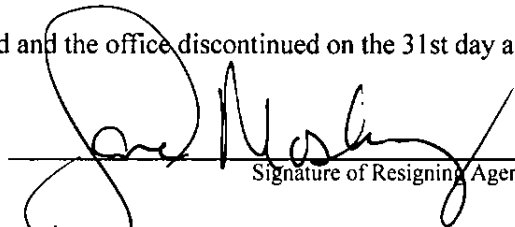
Name of Limited Liability Company

L12000067467

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.

 April 24, 2018
Signature of Resigning Agent

If signing on behalf of an entity:

Jane A Mosby

Typed or Printed Name

Agent/Mgr

Capacity

FILED
2018 APR 26 AM 11:28
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