

L12000093707

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT 13 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hodge Foliage Group, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000093707

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:

Mark P. Cressman, Esq.

\_\_\_\_\_  
Name of Person

Cressman Law Firm, P.A.

\_\_\_\_\_  
Name of Firm/Company

13350 W Colonial Drive, Ste 350

\_\_\_\_\_  
Address

Winter Garden, FL 34787

\_\_\_\_\_  
City/State and Zip Code

mark@cressmanlaw.com

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

For further information concerning this matter, please call:

Mark P. Cressman

at ( 407 ) 877-7317

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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**

**FILED**  
2016 OCT -9 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Mark P. Cressman

, hereby resigns as

Name of Registered Agent

Registered Agent for Hodge Foliage Group, LLC

Name of Limited Liability Company

L12000093707

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:

Typed or Printed Name

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withdrawn limited liability company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**