

L13 000 106 1035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

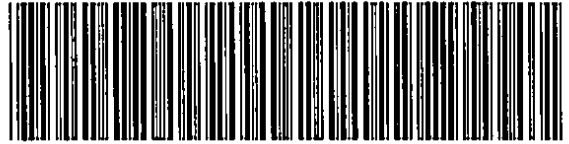
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100327960461

04/19/19--01006--009 **85.00

RECEIVED
2019 APR 19

2019 APR 19 PM 2:38
FBI
FBI

4-20



Jeanne L. Seewald

Direct Phone: 239.254.2905
Direct Fax: 239.254.2942
Email: jseewald@hahnlaw.com

April 18, 2019

Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 120702 Henry Morgan, LLC

Dear Sir/Madam:

Enclosed for filing with respect to the above-referenced company is a Statement of Resignation of Registered Agent and our check in the amount of \$85.00 for the filing fee.

Please return all correspondence regarding this matter to the following:

Jeanne L. Seewald, Esq.
Hahn Loeser & Parks, LLP
5811 Pelican Bay Boulevard, Suite 650
Naples, FL 34108

If you have any questions or require additional information, please call me at the number above.

Cordially yours,

HAHN LOESER & PARKS LLP

Jeanne L. Seewald

JLS/caf
Enclosure

10924201.1

HAHN LOESER & PARKS LLP attorneys at law

cleveland columbus naples fort myers san diego chicago

5811 Pelican Bay Boulevard, Suite 650 Naples, Florida 34108 phone 239.254.2900 fax 239.592.7716 hahnlaw.com

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

HL Statutory Agent, Inc. _____, hereby resigns as

Name of Registered Agent

Registered Agent for 120702 Henry Morgan, LLC _____

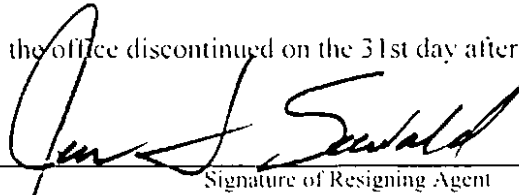
Name of Limited Liability Company

L13000106635 _____

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:

Jeanne L. Seewald _____

Typed or Printed Name

Vice President _____

Capacity

FILED
2019 APR 19 PM 2:38
TALLAHASSEE, FL

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