

413000 128483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

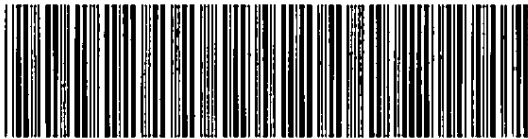
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HKEEPS PR & PRODUCTIONS, LLC

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

**DOCUMENT NUMBER:** L13000128483

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:

TIFFAY GONZALEZ

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

ACCOUNTING TO SCALE

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

8055 CORAL WAY

\_\_\_\_\_  
Address

MIAMI, FL 33155

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

Luiz@wgylifestyle.com

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

For further information concerning this matter, please call:

TIFFANY GONZALEZ

at ( 786 ) 942.9327

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

ACCOUNTING TO SCALE

Name of Registered Agent

Registered Agent for HKEEPS PR & PRODUCTIONS, LLC

Name of Limited Liability Company

L13000128483

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:

TIFFANY GONZALEZ

Typed or Printed Name

CEO

Capacity

FILED  
19 SEP 30 AM 8:22  
CLERK OF DISTRICT COURT  
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