

L14 000 194629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

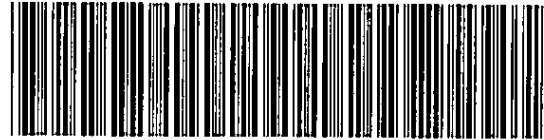
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700365429607

RECEIVED

MAY 03 2021

05/04/21--01048--007 \*\*85.00

FILED  
TALLAHASSEE, FLORIDA

2021 MAR 30 PM 5:00

FILED

TC

**COVER LETTER**

*Original*

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FHF Capital Management LLC  
\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000194629  
\_\_\_\_\_

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:

Michelle Schwenneker  
\_\_\_\_\_  
Name of Person

Registered Agent Pros, LLC  
\_\_\_\_\_  
Name of Firm/Company

N9526 Hagen Dr.  
\_\_\_\_\_  
Address

Hixton, WI 54635  
\_\_\_\_\_  
City/State and Zip Code

rmartinez@fhfcapital.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Schwenneker                      715                      984-5202  
\_\_\_\_\_  
Name of Person                      at (                      )                      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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Registered Agent Pros, LLC

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for FHF Capital Management LLC

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

L14000194629

\_\_\_\_\_  
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.

Michelle Schwenneker

Signature of Resigning Agent

If signing on behalf of an entity:

Michelle Schwenneker

\_\_\_\_\_  
Typed or Printed Name

Managing Member

\_\_\_\_\_  
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