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### **COVER LETTER**

то:	Registration Section
	Division of Corporations

SUBJECT: HSRC 407 RENTALS LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L15000051220
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
raresignations@legalzoom.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kasandra Lund at ( 1 800 ) 773-0888 x3951
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\$85.00 for an active limite liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	tions of section 605.0115, Florida Statutes, the undersigned	ed.
United States Cor	hereby resigns as	
	Thereby resigns an	
Registered Agent for_	HSRC 407 RENTALS LLC	
	Name of Limited Liability Company	·
L15000051220		
Document	Number, if known	
	ation was mailed to the above fisted limited liability completed and the office discontinued on the 31st day after the date $\rho$	on which this statement is filed
10	Signature of Resigning Agent	
If signing on behalf of an entity:		့် တ
	Cheyenne Moseley	·
	Typed or Printed Name	_
	Asst. Secretary for United States Corporation Agents, Inc.	· .
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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