

L15000103109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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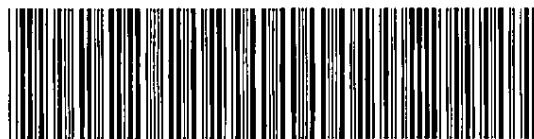
(Business Entity Name)

(Document Number)

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2017 AUG 25 PM 3:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG 29 2017

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

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

Susan Allen, hereby resigns as
Name of Registered Agent

Registered Agent for Hemingways Hideaway LLC.
Hemingways Hideaway LLC
Name of Limited Liability Company

L15000103109
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.

Susan Allen
Signature of Resigning Agent

If signing on behalf of an entity:

SUSAN Allen
Typed or Printed Name
owner/President
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withdrawn limited liability company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