## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)980-2290

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT RESIGNATION JOHN HOPE, LLC

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ç-3 17 2023 K. Brumbley TO: Registration Section

## **COVER LETTER**

Division of Corporations	
SUBJECT:	
Name of Limit	ed Liability Company
DOCUMENT NUMBER: L15000106028	
The enclosed Resignation of Registered Agent for filing.	r a Limited Liability Company and fee are submitted
Please return all correspondence concerning this i	matter to the following:
Wendy Hefley	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Parkway, Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
processing@incorp.com	
E-mail address. (to be used for future armual report no	otification)
For further information concerning this matter, pl	ease call:
Incorp Services, Inc./Wendy Hefley  Name of Person  at (	702 866-2500 ext 6904
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida I fiability company or \$25.00 for an administrative liability company.	Department of State for \$85.00 for an active limited by dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section

Division of Corporations

Tallahassec, FL 32301

2661 Executive Center Circle

Clifton Building

INHS17 (2/14)

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the und	lersigned,	
Incorp Services, Ir	nc.	_ , hereby resigns as	
	Name of Registered Agent	_ , , , , , , , , , , , , , , , , , , ,	
Registered Agent for	OHN HOPE, LLC		
	Name of Limited Liability Company		,
L15000106028	}		
Document N	umber, if known		
A copy of this resignation	on was mailed to the above listed limited hability	y company at its last known address.	
The agency is terminate	ed and the office discontinued on thç देशित day aft	er the date on which this statement is	filed.
	water.	<sub>gr</sub> ante,	
	Signature of the signame Agent	202	
If signing on behalf of a	an entity:	2023 FEB	I
	Wendy Hefley for Incorp Services, Inc		
	Typed or Printed Name	<u> </u>	品養養
	Authorized Representative		
	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
Tallalussee, FL 32314