

L/5000117230

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STATE TARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hemingway's Hideout LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000117230

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:

Kenneth Bohannon, Esq.  
Name of Person

Kenneth Bohannon, P.L.  
Name of Firm/Company

221 N. Causeway, Ste. A  
Address

New Smyrna Beach, FL 32169  
City/State and Zip Code

kbohannon@CFLLawyer.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Sasser at (386) 427-5227  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

FILED  
2016 MAR 11 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Christine Harris, hereby resigns as  
Name of Registered Agent

Registered Agent for Hemingway's Hideout, LLC  
Name of Limited Liability Company

L15000117230  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

[Signature]  
Typed or Printed Name  
manager  
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withdrawn limited liability company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**