

L160000 15808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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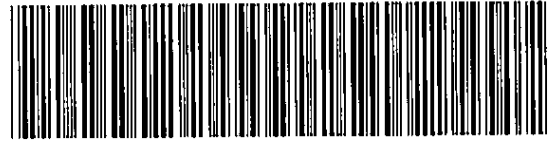
(Business Entity Name)

(Document Number)

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SECRET  
MAIL ROOM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIGHER PEAKS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000015808

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:

Nicole Williams  
Name of Person

URS Agents, LLC  
Name of Firm/Company

3675 Crestwood Parkway Suite 350  
Address

Duluth, GA 30096  
City/State and Zip Code

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

For further information concerning this matter, please call:

URS Agents, LLC at ( 800 ) 5674397  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

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

URS Agents, LLC \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for HIGHER PEAKS, LLC \_\_\_\_\_  
Name of Limited Liability Company

L16000015808 \_\_\_\_\_  
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 of Resigning Agent

If signing on behalf of an entity:

Edwardo Saldana \_\_\_\_\_  
Typed or Printed Name

Manager \_\_\_\_\_  
Capacity

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TALLAHASSEE, FL

## **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