

1/22/2018 12:57PM

Division of Corporations

No. 0903 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H18000026083 3)))



H180000260833ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850)656-7956  
Fax Number : (850)656-7953

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

Email Address: \_\_\_\_\_

18 JAN 22 AM 11:00  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**LLC REGISTERED AGENT RESIGNATION  
HB SKYDECK LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

K. SALY  
JAN 23 2018

RECEIVED  
JAN 22 2018

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HB SKYDECK LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000166818

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:

PHYLLIS D. BROWN

Name of Person

INCORPORATING SERVICES, LTD.

Name of Firm/Company

3500 SOUTH DUPONT HIGHWAY

Address

DOVER, DE 19901

City/State and Zip Code

RADIV@INCSERV.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHYLLIS D. BROWN

Name of Person

at ( 800 ) 346-4646

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
INCORPORATING SERVICES, LTD.

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for HB SKYDECK LLC

\_\_\_\_\_  
Name of Limited Liability Company

L18000166818

\_\_\_\_\_  
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.

Phyllis D. Brown

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

PHYLLIS D. BROWN

\_\_\_\_\_  
Typed or Printed Name

ASSISTANT SECRETARY

\_\_\_\_\_  
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

18 JAN 22 AM 11:01  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE