L170000 61251

| (Re | equestor's Name) | | |
|---|--------------------|-----------|--|
| (Ad | idress) | | |
| (Ad | ldress) | | |
| (Cid | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| ТО; | Registration Section Division of Corporations | |
|--------------------------------|--|--|
| SUBJ | Hugeaardvark, LLC Name of Limited Liabil | |
| | Name of Limited Danit | |
| | | |
| The er for fili | aclosed Resignation of Registered Agent for a Limit ng. | ed Liability Company and fee are submitted |
| Please | return all correspondence concerning this matter to | the following: |
| Unite | d States Corporation Agents, Inc. | |
| | Name of Person | _ |
| Legal | zoom.com, Inc. | |
| | Name of Firm/Company | |
| 101 N | lorth Brand Blvd, 11th Floor | |
| | Address | _ |
| Glend | dale, CA 91203 | |
| | City/State and Zip Code | |
| raresi | gnations@legalzoom.com | |
| E- | mail address; tto be used for future annual report notification) | |
| For für | ther information concerning this matter, please call | ; |
| Kasar | ndra Lund | ,773-0888 x3951 |
| | Name of Person at (Area Cod | 773-0888 x3951 e Daytime Telephone Number |
| Enclos liabilit liabilit | ed is a check made payable to the Florida Departme y company or \$25.00 for an administratively dissolv y 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 provision | ons of section 605 0115. Florida Statutes, the unde | rsigned. | |
|--|---|---------------------------------------|--------|
| United States Corp | horaba area ar | | |
| Name of Registered Agent . hereby resigns as | | , netery resigns as | |
| Registered Agent for _ | ługeaardvark, LLC | | |
| | Name of Limited Liability Company | | • |
| L17000061257 | | | |
| Document N | umber, if known | | |
| A copy of this resignati | on was mailed to the above listed limited liability | company at its last known address. | |
| The agency is terminate | ed and the office discontinued on the 31st day after | r the date on which this statement is | tiled. |
| | - CAM Significant of Resigning Agent | <u></u> | |
| If signing on behalf of: | un entity: | * . 1 | |
| Cheyenne Moseley | | , 1 | |
| | Typed or Printed Name | | |
| | Asst. Secretary for United States Corporation Ag | gents, Inc. | ز |
| | | 2 | |
| | FILING FEES: \$ 85.00 Active limited liability of Administratively dissolve withdrawn limited liability. | ed/ voluntarily dissolved/ | |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314