

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.

(((11200001385313)))



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Tc:

Division of Corporations

Fax Number : (850) 617 6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

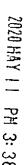
Phone : (702)866-2500 Fox Number : (702)866-2689

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

Email Address: wendy.hefley@incorp.com

## LLC REGISTERED AGENT RESIGNATION THT REAL ESTATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$25.00



#### **COVER LETTER**

TO:	Registration Section Division of Corporations	ģ.		* **	
SUBJ	ECT: Name of Limited Liabil	ity Company			_
DOC	UMENT NUMBER: L17000093997				_
The c.	nclosed Resignation of Registered Agent for a Limi	ted Liability	Compan	y and fee a	are submitted
Please	e return all correspondence concerning this matter to	o the following	ng:		
Wer	ndy Hefley				
	Name of Person				
Inco	rp Services, Inc.				
	Name of Firm/Company	<del>_</del>			
377	3 Howard Hughes Parkway, Suite 500S				
	Address	<del></del>			
Las '	vegas, NV 89169-6014				
	City/State and Zip Code				
prod	cessing@incorp.com				
<u> </u>	-mail address: (to be used for future annual report notification	1)			
For fi	arther information concerning this matter, please ca	II:			
Inco	rp Services, Inc./Wendy Hefley 702		600 ext 6		
	Name of Person Area Co	ode Daytime	Telephor	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

To: 8506176383

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

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

Incorp Services, Inc.	, hereby resigns as	1020 HAY
Name of Registered Agent	· · · · · · · · · · · · · · · · · · ·	Š
Registered Agent for THT REAL ESTATE LLC		_
Name of Limited Liability Con	npany	AH 10: 1
L17000093997		****
Document Number, if known		
A copy of this resignation was mailed to the above fisted lim		
The agency is terminated and the office discontinued on the	31st day after the date on which this	statement is filed.
Signature of the	Signing Agent	
If signing on behalf of an entity:		
Wendy Hefley for Incorp Ser	vices, Inc.	
Typed or Printed Na	ame	
Authorized Representative		

### FILING FEES:

Capacity

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

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