# 1170000 9936

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900333962109

GAS TO STATE OF STATE OF STATE

2019 STT - 9 PM 5: 1

527 17 27

#### **COVER LETTER**

DOCUMENT NUMBER: L17000099361	imited Liability	Company
The enclosed Resignation of Registered Agen for filing.	it for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning the	his matter to th	ne following:
United States Corporation Agents, Inc.		
Name of Person	<del>-</del> - <u>-</u>	
Legalzoom.com, Inc.		
Name of Firm/Company		
101 North Brand Blvd. 11th Floor		
Address	-	
Glendale, CA 91203		
City/State and Zip Code		
E-mail address; (to be used for future annual repo	rt notification)	
For further information concerning this matter	, please call:	
Janna Pantoja	1 800	773-0888 x3950  Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

## MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

INHS17 (2/14)

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

Pursuant to the provisions of section 605.0115. Florida Statutes, the undersign United States Corporation Agents, Inc.  Name of Registered Agent.		
		, hereby resigns as
Registered Agent for _	helan Enterprises, LLC	
	Name of Limited Liability Company	
L17000099361		
Document N	umber, if known	
	on was mailed to the above listed limited liability of and the office discontinued on the 31st day after	
	Signature of Resigning Agent	
If signing on behalf of a	in entity:	2:
	Cheyenne Moseley	2019 \$7
	Typed or Printed Name	<u> </u>
	Asst. Secretary for United States Corporation Ag	gents, Inc.
	Capacity	

\$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILING FEES: