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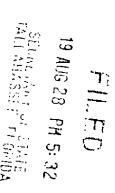
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## **COVER LETTER**

SUBJECT: HAYES BROS., LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000111259 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: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 101 North Brand Blvd. 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kasandra Lund 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company. STREET ADDRESS: MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

**TO:** Registration Section

Division of Corporations

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

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the undersigne	ed.
United States Corp	, hereby resigns as	
	Name of Registered Agent	, ,
Registered Agent for_	HAYES BROS., LLC	
T !	Name of Limited Liability Company	,
L17000111259		
Document N	iumber, if known	
A copy of this resignal	ion was mailed to the above listed limited liability comp	oany at its last known address.
The agency is terminate	ed and the office discontinued on the 31st day after the date	on which this statement is filed.
	Signature of Resigning Agent	FIL  19 AUG 28  SEURE MAIN FAIT ABLASSE
If signing on behalf of an entity:		
	Cheyenne Moseley	
	Typed or Printed Name	H 5: 32
	Asst. Secretary for United States Corporation Agents, In	
	Capacity	<del></del>

### 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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