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2019 JUL 19 AH 10: 1 SECHE AGAY SIGNATOR



COVER LETTER

Florida Hop Farms LLC Name of Limited Liability Company DOCUMENT NUMBER: L17000187185 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 9900 Spectrum Dr. Address Austin, TX 78717 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janna Pantoja Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provisio	ons of section 605.011	5. Florida Statutes, the und	ersigned,			
United States Corporation Agents, Inc.			_ , hereby resigns as			
Registered Agent for F	lorida Hop Farms	LLC	 	_		_
	Name of Lim	ited Liability Company				<u>_</u> .
L17000187185						
Document Nu	umber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability	zeompany at its la	ast known a	addres	is.
The agency is terminate	d and the office disco	ntinued on the 31st day afte	er the date on whi	ich this stat	ement	t is filed.
		Signature of Resigning Agent				
If signing on behalf of a	n entity:					
	Cheyenne Mose	ley				
	T	yped or Printed Name		٥.	20	
	Asst. Secretary for U	Inited States Corporation Aç	gents, Inc.	IAL:	119	
		Capacity		LA EA		N
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolv withdrawn limited liabil	ompany ed/ voluntarily d lity company	HASSEE FINDER	19 AM 10:20	

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