# 117000227004

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A. RIVERS MAR - 8 2023

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: CHP Investments, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000227004	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne 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	•
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
800 at (	773-0888
Name of Person Area Code	Daytime Telephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the unders	igned,	
United States Corpo	oration Agents, Inc.	hereby resigns as	
	Name of Registered Agent	revery resigns as	
Registered Agent for C	HP Investments, LLC		
	Name of Limited Liability Company	·	
L17000227004			
Document Nu	umber, if known		
A copy of this resignation	on was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is terminated	d and the office discontinued on the 31st day after t	he date on which this statement is fi 본유 등	led.
	Signature of Resigning Agent	2 DEC 27	11
If signing on behalf of a	n entity:	, _,	1
	Cheyenne Moseley	AM II: 0	-
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Agen		
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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