

L17000261484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

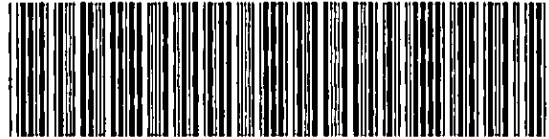
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800329378668

05/24/19--01011--002 ♦♦25.00

FILED
MAY 24 2019
FALLS CHURCH, VA

FILED
MAY 24 11:31
FALLS CHURCH, VA

FILED

FILED
MAY 24 2019
FALLS CHURCH, VA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hoffs's Heart, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L77000284484

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/Zip Code

E-mail address (to be used for future mailings regarding this matter)

For further information concerning this matter, please call

Kassandra Lund

Name of Person

at 1-800-773-0886 x3951

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for a inactive limited liability company or \$25.00 for an annual or biennially dissolved voluntarily dissolved inactive 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
2nd Executive Center Office
Tallahassee, FL 32304

ENCLOSURE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 607.011, Florida Statutes, I, the undersigned,

United States Corporation Agents, Inc.

am hereby resigning as

Name of Registered Agent

Registered Agent for Hoffy's Heart, LLC

Name of Limited Liability Company

L17000261484

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date above written, as set forth in section 607.011.

CM

Signature of Registered Agent

If signing on behalf of an entity

Cheyenne Moser

Type or Print Name

Asst. Secretary for United States Corporation Agents, Inc.

Capacity

FILING FEES:

\$85.00 Active limited liability company

\$25.00 Amendment of record of information

Withdrawal limited liability company

FILED
2019 MAY 24 A 11:34
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 632
Tallahassee, FL 32314