L18000043739

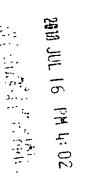
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HICKORY LANE LLC Name of Limited Liability Company
DOCUMENT NUMBER: L 8000043739
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:
MATTHEW J. TYNER Name of Person
Name of Person
Name of Firm/Company
449 CHIHAMU CT: Address
Address
Apopka, FL 32712 City/State and Zip Code
APRIMAT & EMANHLIUK NG
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (40) S09-8493 Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0	115, Florida Statutes, the	undersigned,			
MATTHEW	J. TYH	EL	, hereby resigns as			
	Name of Registered A	gent	, ,			
Registered Agent for	Hickory	LANE LIC				
	Name of I	Limited Liability Company			·	,
L180000437	139					
Document Nu	mber, if known					
A copy of this resignatio	n was mailed to th	e above listed limited lia	bility company at its last	known ad	ldress.	
			y after the date on which			en_a
If signing on behalf of a	A	Signature of Resigning A		20 A A A A A A A A A A A A A A A A A A A		
						
		Typed or Printed Name		20,000	ين. ص	
		Capacity		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2018 JUL 16 PK 4: 03	ţ
	FILIN \$ 85.00 \$ 25.00		ssolved/ voluntarily diss	olved/		

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