L18000050672

(Requestor's Name)
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COVER LETTER

SUBJECT: HoverVision, LLC Name of Limited Liability	Company
DOCUMENT NUMBER: L18000050672	
The enclosed Resignation of Registered Agent for a Limited for filing.	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	773-0888
Name of Person Area Code	773-0888 Daytime Telephone Number

MAILING ADDRESS:

liability company.

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

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	, Florida Statutes, the under	signed,	
United States Corp	oration Agents, In	C.	hereby resigns as	
	Name of Registered Agen		nercoy resigns to	
Registered Agent for $\frac{H}{L}$	overVision, LLC			- -
	Name of Limi	ited Liability Company		_,
L18000050672				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the a	bove listed limited liability of	company at its last known address	s.
The agency is terminated	d and the office discor	ntinued on the 31st day after	the date on which this statement	is filed.
		Signature of Resigning Agent		
If signing on behalf of a	n entity:	the state of the signing right.	2023 CCT 3	
Cheyenne Moseley		ley	(3)	
	Ty	ped or Printed Name	——	
Asst. Secretary for United States Corporation Age		ents, Inc.		
		Capacity		
			<u>-</u> ت	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabilit	npany d/ voluntarily dissolved/ y company	

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