L18000120896

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
	WAIT	
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
<u> </u>		





600354118386

10/26/20=-01017=-027 **25.00

2020 OCT 26 PH 4: 21

COVER LETTER

SUBJECT: H2H Holdings, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L18000120896	
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	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provision	ons of section 605,0115. Florida Statutes, the u	ndersigned.		
United States Corporation Agents, Inc. , hereby		, hereby resigns as	ov resions as	
		thereby resigns as		
Registered Agent for _	H2H Holdings, LLC			
	Name of Limited Liability Company		 .	
L18000120896				
Document N	umber, if known			
A copy of this resignati	on was mailed to the above listed limited liabil	fity company at its last known a	iddress.	
The agency is terminate	ed and the office discontinued on the 31st day a			filed.
If signing on behalf of a	an entity:		20 C	,
	Cheyenne Moseley)CT 2	ر با مدرو مراجع
	Typed or Printed Name		92	J Garan
	Asst. Secretary for United States Corporation	n Agents, Inc.	PH	jīį
	Capacity	E SINE	2020 OCT 26 PM 4: 21	الم

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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