118000 134 195

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(B	dusiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	o Filing Officer:		

Office Use Only



200346370312

06/15/20--0104Y--00Y ++25.9c

15 2:21

R WHATE JUL 07 2020

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Hilltop Yoga LLC	Liability Company		
DOCUMENT NUMBER: L18000134795	r Endomity Company		
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted		
Please return all correspondence concerning this ma	atter to the 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 noti	fication)		
For further information concerning this matter, plea	ase call:		
Janna Pantoja 80	00 _\ 773-0888 x3950		
	rea Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
and the same of th			

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of s	section 605.0115.	, Florida Statutes, the undersigned,	
United States Corporation Agents, Inc.		, hereby resigns as	
	of Registered Agent		
Registered Agent for Hilltop	Yoga LLC		
	Name of Limit	ted Liability Company	 '
L18000134795			
Document Number, i	if known	<u> </u>	
The agency is terminated and If signing on behalf of an enti	the office discon	ey	
	Typed or Printed Name		:
Asst	Secretary for U	nited States Corporation Agents, Inc.	-
		Capacity	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	??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