119000059526

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Marina PH 2: 07

8. HUNT 03/-75/24

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: HWBC Investment, LLC		
Name of Limited Liability	y Company	
DOCUMENT NUMBER: L19000059526		
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are s	ubmitted
Please return all correspondence concerning this matter to t	he following:	
United States Corporation Agents, Inc.		
Name of Person	-	
Legalzoom.com, Inc.		
Name of Firm/Company	- C	. -1
9900 Spectrum Dr.		
Address	-	-'
Austin, TX 78717		æ ₹ .•
City/State and Zip Code	_ · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
raresignations@legalzoom.com		0. 7
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, I	Florida Statutes, the unders	igned,	
United States Corp	oration Agents, Inc.		hereby resigns as	
	Name of Registered Agent		nereoy resigns as	
Registered Agent for H	WBC Investment, L	LC		_
	Name of Limited	Liability Company		_,
L19000059526				
Document No	imber, if known			
A copy of this resignation	on was mailed to the abo	ve listed limited liability co	ompany at its last known address.	
The agency is terminate	d and the office disconti	nued on the 31st day after	the date on which this statement i	is filed.
	s	QUA Ignature of Resigning Agent		
If signing on behalf of a	n entity:			
	Cheyenne Moseley	ý	3	
	Туре	d or Printed Name	<u> 2</u> 2	
	Asst. Secretary for Unit	ed States Corporation Age	nts, Inc.	
		Capacity		
	FILING FF \$ 85.00 A \$ 25.00 A	<u>CES:</u> Active limited liability con Administratively dissolved withdrawn limited liability	npany 70 line 170 lin	

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