# L1900007242

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(60,7,620,62,1,7,7,1,1,6,1,6,7,7,7,7,1,6,1,6,7,7,7,7
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooking)
Codified Coning Codification of Status
Certified Copies Certificates of Status
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Office Use Only



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## **COVER LETTER**

SUBJECT: Nar	me of Limited Liabi	ility Company	
DOCUMENT NUMBER: L190000724	26		
The enclosed Resignation of Registered for filing.	d Agent for a Lim	nited Liability Company and fee ar	e submitted
Please return all correspondence conce	erning this matter t	to the following:	
Chelsea Chapman			
Name of Person			
Legaline Corporate Services, INC.			
Name of Firm/Compa	iny		
10601 Clarence Dr Ste 250			
Address		<u> </u>	
Frisco, TX 75033-3867			
City/State and Zip Co	de	<del></del>	
ra@legalinc.com			
E-mail address: (to be used for future ann	nual report notification	n)	
For further information concerning this	s matter, please ca	ill:	
Chelsea Chapman	844	386-0178 ) ode Daytime Telephone Number	
Name of Person	Area Co	ode Daytime Telephone Number	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

# Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

INHS17 (2/14)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.01	15, Florida Statutes, the un	dersigned.	
Legaline Corporate Services, INC.		, hereby resigns as		
	Name of Registered Ag	ent		
Registered Agent for H	USBRO LLC		<del> </del>	
	Name of Lir	mited Liability Company		·
L19000072426				
Document Nu	ımber, if known			
-		above listed limited liabili		
The agency is terminate	d and the office disco	ontinued on the 31st day a	Rer the date on which this	statement is filed
If signing on behalf of a	n entity:	·		702
<b>.</b>	Chelsea Chapman			
		Typed or Printed Name		
	On Behalf of Legalin	ne Corporate Services, INC.		12 to 1
		Capacity		DEZ KAK IN WILL: 34
	FILING © \$ 85.00 O \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily dissolve pility company	Lul .

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