# 120 000 262 137

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requ	iestor's Name)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addr	ess)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addr	ess)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/:	State/Zip/Phon	e #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP	MAIT	MAIL
Certified Copies Certificates of Status	(Busi	ness Entity Nar	ne)
<del></del>	(Docu	ıment Number)	
Special Instructions to Filing Officer:	Certified Copies	Certificates	s of Status
	Special Instructions to Fil	ling Officer;	





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TALLAHASSEE, FL

### **COVER LETTER**

TO: Registration Section Division of Corporations	7
Division of Corporations	,
Majestic Hone III C	÷
SUBJECT: Majestic Hope, LLC	<u></u>
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000262137	
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	e 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ions of section 605.0115, Florida Statutes, the ur	idersigned,	
United States Cor	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	Hereby resigns as	
Registered Agent for	Majestic Hope, LLC		
	Name of Limited Liability Company		
L20000262137			
Document ?	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liabili	ity company at its last known address.	
The agency is termina	ted and the office discontinued on the 31st day a	fter the date on which this statement is fi	led
	Signature of Resigning Ager		#127 #20 20 20
If signing on behalf of	an entity:	The same of the sa	17
	Cheyenne Moseley	PN 2: 26 SSEE, FL	J
	Typed or Printed Name		
	Asst. Secretary for United States Corporation	Agents, Inc.	
	Capacity		

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