

L20000391326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

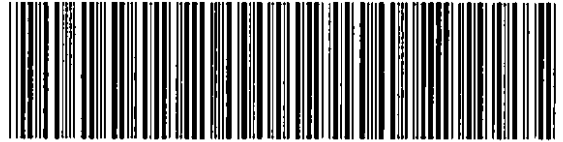
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CLERK OF SUPERIOR COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HHH REFUND RECOVERY GROUP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000391326

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maikel Eskander

Name of Person

Capital Partners Law

Name of Firm/Company

500 E Broward Blvd Ste. 1710

Address

Fort Lauderdale, FL 33394

City/State and Zip Code

mne@cplfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maikel Eskander

954

807-3000

Name of Person

at ( )

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Capital Partners Law \_\_\_\_\_, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for HIH REFUND RECOVERY GROUP LLC

\_\_\_\_\_  
Name of Limited Liability Company

L20000391326

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Maikel Eskander

\_\_\_\_\_  
Typed or Printed Name

Principal / Authorized Member

\_\_\_\_\_  
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**

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2023 AUG 17 PM 3:17  
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