L21000107638

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Čit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Nan	ne of Limited Liabilit	y Company
DOCUMENT NUMBER: L2100010763	38	
The enclosed Resignation of Registered for filing.	d Agent for a Limite	ed Liability Company and fee are submitte
Please return all correspondence concer	rning this matter to	the following:
Cheisca Chapman		
Name of Person		
Legaline Corporate Services, INC.		
Name of Firm/Compa	ny	_
10601 Clarence Dr Stc 250		
Address		_
Frisco, TX 75033-3867		
City/State and Zip Coo	de	_
ra@legalinc.com		
E-mail address: (to be used for future ann	ual report notification)	_
For further information concerning this	matter, please call:	
Chelsea Chapman	844 at (386-0178
Name of Person	Area Code	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 605.0115, Florida S	tatutes, the undersigned,		
Legaline Corporate Services, INC. , hereby resignation to the composition of the composit		, hereby resigns as		
	Name of Registered Agent	, ,		
Registered Agent for H	ERRICK AGENCY LLC			
	Name of Limited Liability	Company	7	
	Thank of thinks	Company		
L21000107638				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the above listed	limited liability company at its last	known address.	
The agency is terminate	CV	the 31st day after the date on which Resigning Agent	this statement is filed.	••
If signing on behalf of a	n entity;		072	
	Chelsea Chapman		=	·
	Typed or Printe	d Name	ें हैं ज	i i
	On Behalf of Legaline Corporate	Services, INC.	18 m 30 1	
	Capacity FILING FEES:		AM 8: 31	C
	O \$ 85.00 Active lin O \$ 25.00 Administr	nited liability company ratively dissolved/ voluntarily disso n limited liability company	olved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314

INHS17 (2/14)