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| (Req | uestor's Name) | |
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| (Addı | roce) | |
| (Audi | (655) | |
| (Addı | ress) | |
| | | |
| (City/ | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| (Busi | iness Entity Nar | me) |
| (Doc | ument Number) | |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to Fi | iling Officer: | |
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MALLAHASSEE, FLORIDA

JUN 13 AM 7: 17

AUG 3 1 2027 S. PRATHEF





2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

May 03, 2022

Cori Ann Crosthwaite

Vendor#

1960

!AE: 1Email:

Ref Number:

Return Shipping:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

Division of Corporations PO Box 6327

Tallahassee, FL 32314

1774350

FAX:

850-687-6381

EMAIL:

NAME:

HUNLEY CAPITAL LLC

FILE REGISTERED AGENT RESIGNATION

State

FL

PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section | on 605.0115 | , Florida Statutes, the undersi | gned, | | | |
|----------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------|-------------------|-------------|-----|
| ROCKET LAWYER CORPORATE SERVICES LLC Name of Registered Agent | | LLC , h | _ , hereby resigns as | | | |
| | | | , , | | | |
| Registered Agent for HUNLEY | CAPITAI | L LLC | | | • | |
| | Name of Limi | ted Liability Company | | | ., | |
| L21000136542 | | | | | | |
| Document Number, if kno | own | | | | | |
| A copy of this resignation was ma | iled to the a | bove listed limited liability co | mpany at its last known | address. | | |
| The agency is terminated and the o | office discor | ntinued on the 31st day after the | ne date on which this sta | tement is | i filed. | |
| Sala | na U | Signature of Resigning Agent | | | | |
| If signing on behalf of an entity: | | | | _ | | |
| EDNA PI | ERRY | | | | 2022 JUN 13 | |
| | Ту | ped or Printed Name | | <u>}</u> : | ٦ | |
| Asst. Sec | retary Rocke | t Lawyer Corporate Services LL | .C | β. (3) | == | · . |
| | • | Capacity | | i,μ ⊂. i,μ –.; | | |
| | FILING 1 \$ 85.00 \$ 25.00 | FEES: Active limited liability com Administratively dissolved/ withdrawn limited liability | pany voluntarily dissolved/ company | FLORIDA | AM 7: 17 | 0 |

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