## K21000277013

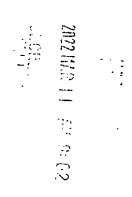
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(Add	dress)	<del>-</del>
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(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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## **COVER LETTER**

SUBJECT: High Performance Home Inspections LLC Name of Limited Liabil	ity Company
	ny Company
DOCUMENT NUMBER: L21000277013	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
United States Corporation Agents, Inc.	
Name of Person	<del></del>
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	_
Austin, TX 78717	
City/State and Zip Code	<del></del>
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification	)
For further information concerning this matter, please cal	1:
at ( 800at ( Area Co	773-0888
Name of Person Area Co	de Daytime Telephone Number

MAILING ADDRESS:

TO: Registration Section

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	ons of section 605.0115, Florida Statutes, the unders	igned,	
United States Cor	poration Agents, Inc.	hereby resigns as	
Name of Registered Agent		, hereby resigns us	
Registered Agent for	High Performance Home Inspections LLC		
		20	
•	Name of Limited Liability Company	2116 SA	
L21000277013			
Document l	Number, if known		
A copy of this resigna-	tion was mailed to the above listed limited liability co	ompany at its last known address.	
The agency is termina	ted and the office discontinued on the 31st day after to signature of Resigning Agent	he date on which this statement is file	
If signing on behalf of	an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Age	nts, Inc.	
	Capacity		
	FILING FEES:		

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

\$ 85.00 \$ 25.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company