L71000 343877

(Requestor's Name)
(Address)
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(CityliState 72 in 10 bone 40
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Harbor Marketing Solution	is LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000343877	
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	ne 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:	
800 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011	5, Florida Statutes, the undersi	gned,		
United States Corporation Agents, Inc. Name of Registered Agent		nc.	, hereby resigns as		
		nt			
Registered Agent for H	arbor Marketing	Solutions LLC			
	Name of Lin	nited Liability Company			
L21000343877					
Document Nu	mber, if known	 _			
A copy of this resignatio	n was mailed to the	above listed limited liability co	mpany at its last known a	address.	
The agency is terminated	d and the office disco	ontinued on the 31st day after the Signature of Resigning Agent	ne date on which this stat	ement is	filed.
If signing on behalf of ar	n entity:				
	Cheyenne Mose	eley			
		yped or Printed Name United States Corporation Agent	ts, Inc.	ALL 3	2022 NOV 2
		Capacity		TO COMP.	OV 21
	<u>FILING</u> \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability	pany voluntarily dissolved/ company	. Fi Ör JyA	AH 6: 25

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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