La1000414730

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: HEF Properties LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L21000414730	<u> </u>
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	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

包

Pursuant to the provisio	ns of section 605.0115, Florida Statutes, the unc	dersigned.	一个
	oration Agents, Inc.	_ , hereby resigns as	1/2 6 M
	Name of Registered Agent	_ , hereby resigns as	2
Registered Agent for H	EF Properties LLC		100 E
_			F
	Name of Limited Liability Company		.
L21000414730			
Document Nu	unber, if known		
	on was mailed to the above listed limited liabilit d and the office discontinued on the 31st day aft		
	Crik Treutlein Signature of Resigning Agent		
If signing on behalf of a	n entity:		
	Erik Treutlein		
	Typed or Printed Name		
	Vice President on behalf of United States Corporation	Agents, Inc.	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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