

121000478348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

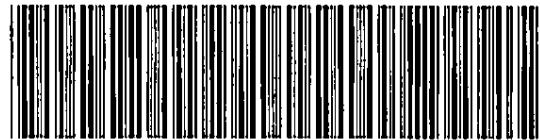
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HAWAYAKI LLC

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** L21000478348

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

THOMAS MATTHEWS

Contact Person

HAWAYAKI, LLC

Firm/Company

200 16TH STREET N

Address

SAINT PETERSBURG, FL 33705

City, State and Zip Code

thomas@sos-hawaii.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Matthews

808 382-9669

at ( )

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

JONATHON TANGALIN

hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

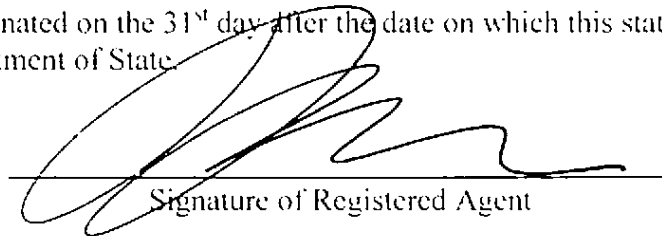
Registered Agent for HAWAYAKI, LLC

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

L21000478348

\_\_\_\_\_  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

  
\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

THOMAS MATTHEWS  
\_\_\_\_\_  
Typed or Printed Name  
Owner / Member  
\_\_\_\_\_  
Capacity

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Filing Fee: \$87.50

Certified Copy (optional): \$52.50