L22000085177

(Requestor's Name)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status	—	
Special Instructions to Filing Officer:	\neg	
Special instructions to Filmg Officer.		

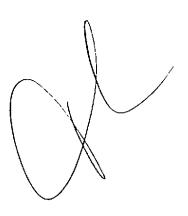
Office Use Only



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COVER LETTER

SUBJECT: HA Coaching LLC			
Name of Limited Liability	Company		
DOCUMENT NUMBER: L22000085177			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are	submitte	đ
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.		2023 OCT 3 I	æ.
Address	·	OCT	il f
Austin, TX 78717	ÄHAS	3 1	
City/State and Zip Code	(/)	Of B	200
raresignations@legalzoom.com	ب بر ر	M 9:56	
E-mail address: (to be used for future annual report notification)	·	売 の	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 provis	ions of section 605.0115, Florida Statutes, the undersi	gned,
United States Corporation Agents, Inc.		ereby resigns as
	credy resigns as	
Registered Agent for	HA Coaching LLC	
	Name of Limited Liability Company	,
L22000085177		
Document	Number, if known	
A copy of this resigna	tion was mailed to the above listed limited liability cor	npany at its last known address.
The agency is termina	ited and the office discontinued on the 31st day after th	e date on which this statement is filed.
	Signature of Resigning Agent	2023 OCT 3
If signing on behalf of	an entity:	ω
	Cheyenne Moseley	SSER IN
	Typed or Printed Name	€ يو الله
	Asst. Secretary for United States Corporation Agent	s, Inc. 5
	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