L22000152866

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

Office Use Only



400418151644

10/31/23--01015--016 **25.00

at 11/8/1200

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Heart 2 Hands Professional Cleaning Services LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L22000152866	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submit for filing.	ted
Please return all correspondence concerning this matter to the 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:	
31 (800 \ 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the unders	igned.
United States Corporation Agents, Inc. here Name of Registered Agent		hereby resigns as
		_ thereby resigns to
Registered Agent for _	leart 2 Hands Professional Cleaning Servi	ces LLC
	Name of Limited Liability Company	·
L22000152866		
Document N	lumber, if known	
_	ion was mailed to the above listed limited liability co	
The agency is terminate	ed and the office discontinued on the 31st day after t	he date on which this statement is filed.
	Signature of Resigning Agent	2023 OCT 3 !
If signing on behalf of an entity:		Ç.
	Cheyenne Moseley	$\frac{\omega}{-}$
	Typed or Printed Name	TO THE
	Asst. Secretary for United States Corporation Ager	
	Capacity	25

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