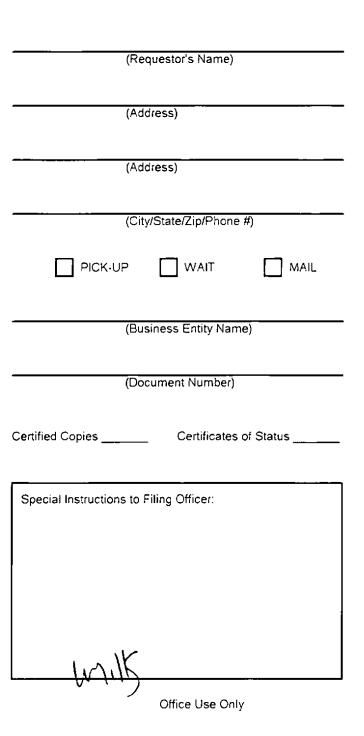
L22000240137





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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Tally HCI LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000240137	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he 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:	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115. Florida Statutes, the t	undersigned,			
United States Cor	ed States Corporation Agents, Inc. hereby resi		20.2		
Name of Registered Agent		, nereo, reargn.	18113 43		
Registered Agent for _	Tally HCI LLC				
	Name of Limited Liability Company				
	Name of Entitled Elability Company				
L22000240137					
Document?	Number, if known				
	ion was mailed to the above listed limited liabled and the office discontinued on the 31st day Signature of Resigning Ag	after the date on wh			
lf signing on behalf of	an entity:		: :	20	
	Cheyenne Moseley		- :	2023 NOV	
	Typed or Printed Name			VO	
	Asst. Secretary for United States Corporation	n Agents, Inc.		8	**************************************
	Capacity				
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively diss withdrawn limited liability	ty company solved/ voluntarily (ability company	: · dissolve	ယ	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314