L2200280023

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

TO: Registration Section
Division of Corporations

SUBJECT: HESTER'S SOFT WASHI	NG LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: L22000280622	
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	ne 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, t	he undersigned.
United States Corp	oration Agents, Inc.	, hereby resigns as
Name of Registered Agent		, hereby resigns as
Registered Agent for H	ESTER'S SOFT WASHING LLC	
		-
	Name of Limited Liability Company	,
L22000280622		
Document No	umber, if known	
A copy of this resignation	on was mailed to the above listed limited I	liability company at its last known address.
The agency is terminate	d and the office discontinued on the 31st of	day after the date on which this statement is filed.
	<i>A</i>	
		
	Signature of Resigning	•
If signing on behalf of an entity:		2n23 C
	Cheyenne Moseley	_
	Typed or Printed Name	. 22
	Asst. Secretary for United States Corpora	ation Agents, Inc.
	Capacity	
		19
	FILING FEES: \$ 85.00 Active limited lial \$ 25.00 Administratively of withdrawn limited	bility company dissolved/ voluntarily dissolved/ d liability company

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