

L22000293681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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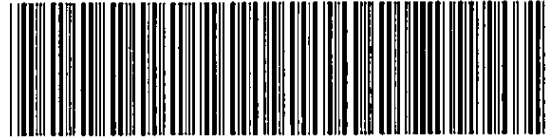
(Business Entity Name)

(Document Number)

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RA Resignation

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HBPB Hauling LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000293681

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emily Gross

Name of Person

HBPB Hauling LLC

Name of Firm/Company

2514 Saginaw Trail

Address

Maitland, FL 32751

City/State and Zip Code

emily@floridasiteservices.com

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

For further information concerning this matter, please call:

Emily Gross

407

416-0409

Name of Person

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Emily Gross \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for HBPB Hauling LLC \_\_\_\_\_

Name of Limited Liability Company

L22000293681 \_\_\_\_\_

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Emily A Gross \_\_\_\_\_

Typed or Printed Name

Manager of HBPB Hauling LLC \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FL