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SECRETARY OF STATE SECRETARY OF STATE

A. RIVERS MAR 2 - 2023

### COVER LETTER

Registration Section Division of Corporations **SUBJECT:** Hendricksfunding LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000414190 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: 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:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

TO:

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

Pursuant to the provisions of section 605.0115, 1	Florida Statutes, the unde	ersigned,	
United States Corporation Agents, Inc.  Name of Registered Agent		, hereby resigns as	
N or co			,
Name of Limiter	1 Liability Company		
L22000414190			
Document Number, if known	<del></del>		
A copy of this resignation was mailed to the abo	ve listed limited liability	company at its last kn	own address.
The agency is terminated and the office disconting	nued on the 31st day afte	er the date on which th	is statement is filed.
If signing on behalf of an entity:	gnature of Resigning Agent	<del></del>	
Cheyenne Moseley	/		
Турес	d or Printed Name	<del></del>	
Asst. Secretary for Unite	ed States Corporation Ag	jents, Inc.	27
	Capacity		SEC TO
FILING FE \$ 85.00 A \$ 25.00 A	<u>ES:</u> active limited liability co administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily dissolv ity company	FILL ANII: 97 2022 DEC 13 ANII: 97 SECRETARY OF STATE FALLAHASSFE, ELORID.

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