422000431580

(Re	questor's Name)			
(Add	dress)			
(Add	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200396311042



SECRETARY OF STATE

COVER LETTER

Name of Limited Liability	Company
DOCUMENT NUMBER: L22000431580	
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 t	he following:
Kevin Tellado	
Name of Person	-
8851 NW 119 STREET 5212 HIALEAH LLC	
Name of Firm/Company	-
2630 W 81ST STREET	
Address	-
HIALEAH, FL 33016	
City/State and Zip Code	-
KEVIN@USAHEMPSOLUTIONS.COM	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Barbara Sanjurjo PA 305 at (370-3990
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	5, Florida Statutes, the undersigned,	
Federated Title and Trust LLC	, hereby resigns as	
Name of Registered Agen	nt	
Registered Agent for 8851 NW 119 STREET 5	5212 HIALEAH LLC	
5 6		
Name of Limi	nited Liability Company	·
1.22000431580		
Document Number, if known		
	nbove listed limited liability company at its last known intinued on the 31st day after the date on which this Signature of Resigning Agent	statement is filed.
FILING S \$ 85.00 \$ 25.00	yped or Printed Name Democrate Chipacity	SECRETARY SESSAIE

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