

L22000517340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

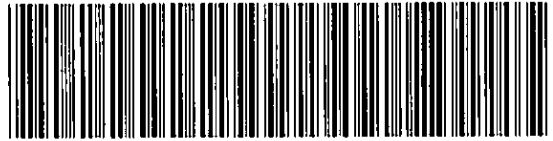
(Document Number)

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2023 MAR - 6 AM 10:54

SECRETARY OF STATE
FALL ARKANSAS COUNTY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOM GLOBAL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L22000517340

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:

Name of Person

LEGAL EDGE SERVICES INC

Name of Firm/Company

701 BRICKELL AVENUE, SUITE 1550

Address

MIAMI, FLORIDA 33131

City/State and Zip Code _____

eespinoza@legaledgeservices.com

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

For further information concerning this matter, please call:

Evelyn Espinoza at (305) 728-5300

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

FILED
2023 MAR -6 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FL 32399

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

LEGAL EDGE SERVICES INC

_____, hereby resigns as
Name of Registered Agent

Registered Agent for HOM GLOBAL LLC

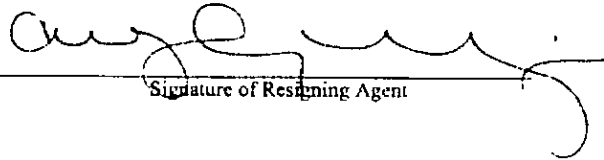
Name of Limited Liability Company

L22000517340

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:

Evelyn Espinoza

Typed or Printed Name

Director

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
2023 MAR -6 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FL

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

INHS17 (2/14)

P.S.

Document was not mailed as we do not know nor have contact with this entity. Also, the incorrect name was listed for Legal Edge Services.