L22000532352

(F	Requestor's Name)	
(A	(ddress)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(E	Business Entity Name)	
(5)		
(L	Oocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	o Filing Officer:	

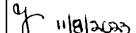


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Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Henny Thing Wingz LLC Name of Limited Liability Company DOCUMENT NUMBER: L22000532352
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:
Name of Person at (800) 773-0888 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions	of section 605.0115, Florida Statutes, the undersi	gned,	
Name of Registered Agent		nereby resigns as	
		, , , , , , , , , , , , , , , , , , ,	
Registered Agent for Her	nny Thing Wingz LLC		
	Name of Limited Liability Company	<u> </u>	,
L22000532352			
Document Numb	ber, if known		
A copy of this resignation	was mailed to the above listed limited liability co	mpany at its last kno	wn address.
The agency is terminated :	and the office discontinued on the 31st day after t	he date on which this	statement is filed.
_	Signature of Resigning Agent		
If signing on behalf of an entity:			2023 OCT 3 I
Cheyenne Moseley			[30
_	Typed or Printed Name		ω
F	Asst. Secretary for United States Corporation Agen	its, Inc.	
-	Capacity		PH .
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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