# L23000001160

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
APR 1 6 2024			
En			

Office Use Only



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08/27/24 -01024--022 \*#25.00



### **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT: White Hippo Farm	LLC	
	imited Liability	Company
DOCUMENT NUMBER: L23000006766		<del> </del>
The enclosed Resignation of Registered Ager for filing.	nt for a Limited	Liability Company and fee are submitted
Please return all correspondence concerning t	his matter to th	e 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 rep	ort notification)	
For further information concerning this matte	r, please call:	
	800 at (	773-0888 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

			F1LF 2024 HAR 27
Pursuant to the provisions o	f section 605.0115. Florida Statutes, the u	indersigned.	另工
United States Corpora	tion Agents, Inc.	hereby resigns as	FILED MR 27 PM
	ne of Registered Agent	. Hereby resigns as	平里口
Registered Agent for White	e Hippo Farm LLC		<u> </u>
			PH 12: 33
	Name of Limited Liability Company	<del></del>	
L23000006766			
Document Number	r, if known		
A copy of this resignation w	as mailed to the above listed limited liabi	lity company at its last l	known address.
The agency is terminated an	d the office discontinued on the 31st day	after the date on which	this statement is filed.
	Signature of Resigning Age	ent	
lf signing on behalf of an en	tity:		
Ch	neyenne Moseley		
_	Typed or Printed Name	· · · · · · · · · · · · · · · · · · ·	
As	st. Secretary for United States Corporation	n Agents, Inc.	
_	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