# L23000053025

| (Re                                     | equestor's Name)   |             |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | ldress)            |             |  |  |
| (Ad                                     | ldress)            |             |  |  |
| (Cil                                    | ty/State/Zip/Phon  | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                                     | isiness Entity Nar | me)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
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2024 JUNIU AM 8: 41

### COVER LETTER .

TO: Registration Section Division of Corporations

| SUBJECT: Hagen Graphics LLC  |   |
|--|---|
| Name of Limited Liability  | Company                                 |
| DOCUMENT NUMBER: L23000053025  |   |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee are submitted |
| Please return all correspondence concerning this matter to the         | ne 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:           |   |
| 800  | 773-0888                                |
| 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

| Pursuant to the provisio   | ns of section 605.01           | 15, Florida Statutes, the under  | rsigned,            |             |             |        |
|--|--------------------------------|--|---------------------|-------------|-------------|--------|
| United States Corporation Agents, Inc.  Name of Registered Agent |                                | , hereby resigns as  |                     |             |             |        |
|  |                                | ent  | , nercoy resigns as | ,           |             |        |
| Registered Agent for H   | agen Graphics L                | LC   |                     |             |             |        |
|  | Name of Lin                    | mited Liability Company  |                     |             | ·           |        |
| L23000053025   |                                |  |                     |             |             |        |
| Document Nu  | mber, if known                 | <del></del>  |                     |             |             |        |
| A copy of this resignation                                       | on was mailed to the           | above listed limited liability of  | company at its las  | t known add | iress.      |        |
| The agency is terminated   |                                | ontinued on the 31st day after  ik Treatlein  Signature of Resigning Agent                       | the date on which   |             |             | filed. |
| If signing on behalf of a  | n entity:                      |  |                     |             | <u> </u>    | -17    |
|  | Erik Treutlein                 |  |                     | TALLAHASSE  | 11 NUL 1606 |        |
|  |                                | Typed or Printed Name  | <del></del>         | KEN<br>SS   | =           | 1      |
|  | Vice President for U           | Jnited States Corporation Age  | ents, Inc.          | E.O.        | Ę           | [1]    |
|  |                                | Capacity   |                     | FLORIDA     | M 8:41      |        |
|  | FILING<br>\$ 85.00<br>\$ 25.00 | FEES:<br>Active limited liability co<br>Administratively dissolved<br>withdrawn limited liabilit | d/ voluntariły diss | solved/     |             |        |

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