L230000 76600

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
8)	usiness Entity Nan	ne)
(0	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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Ra Risignation

JUN 02 2023

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Hallett Wolf Investment G	roup LLC		
Name of Limited Liability			
DOCUMENT NUMBER: L23000076600		_	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Compan	y and fee are submitted	
Please return all correspondence concerning this matter to t	he 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 21	
E-mail address: (to be used for future annual report notification)		2523 MAR Start	,
For further information concerning this matter, please call:		2	1 j
800	773-0888	23 23	777
Name of Person Area Code	Daytime Telephone	e Number	ز.

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 sec	ction 605.0115	, Florida Statutes, the undersigned,			
United States Corporation	n Agents, Ind	o. hereby resi	one ac		
	f Registered Agent	•	5110 40		
Registered Agent for Hallett V	Volf Investm	ent Group LLC			
	Name of Limit	ted Liability Company			
L23000076600					
Document Number, if k	inown				
A copy of this resignation was n	nailed to the at	pove listed limited liability company at i	ts last known address.		
The agency is terminated and the	e office discon	tinued on the 31st day after the date on	which this statement is	tiled.	
		Signature of Resigning Agent			
If signing on behalf of an entity:					
Chey	Cheyenne Moseley			2023 HAR	
	Тур	ped or Printed Name			
Asst. S	Secretary for Ur	nited States Corporation Agents, Inc.		(v)	en itu a
		Capacity		ω 	2 Ph
			1: :2		<u> </u>
			1: 53 -4 -1 3	· 	وسد
	FILING F \$ 85.00	EES: Active limited liability company		9	
	\$ 25.00	Administratively dissolved/ voluntaril withdrawn limited liability company	y dissolved/		

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