# 123000153766

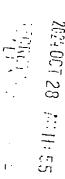
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## **COVER LETTER**

**EQUITYHIC LLC** SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L23000153766 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: Travis Crabtree Name of Person LEGALCORP SOLUTIONS, LLC Name of Firm/Company 3 Greenway Plaza #1320 Address Houston, TX 77046 City/State and Zip Code equityhic@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LegalCorp Solutions, LLC at (\_\_\_\_\_)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Person

Registration Section Division of Corporations

TO:

### Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Pursuant to the provi	sions of section 605.0115, Florida Statu	tes, the undersigned,	
LEGALCORP SOLUTIONS, LLC  Name of Registered Agent		, hereby resigns as	
***************************************	Name of Limited Liability Con	ipany .	
L23000153766			
Documen	Number, if known		
		ited liability company at its last known address.  31st day after the date on which this statement is file.	
	Signature of Res	igning Agent	
If signing on behalf o	of an entity:		
	Travis Crabtree	28	
	Typed or Printed Na	me	
	Member		
	Capacity	<u> </u>	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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