623000178529

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COVER LETTER

SUBJECT: Hobby Nirvana LLC			
Name of Limited Liability	/ Company	-	
DOCUMENT NUMBER: L23000178529		_	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee a	ire sub	mitted
Please return all correspondence concerning this matter to the	he following:		
United States Corporation Agents, Inc.			
Name of Person	-		
Legalzoom.com, Inc.			
Name of Firm/Company	-	·~·>	
9900 Spectrum Dr.		6347	
Address	-	نہا	
Austin, TX 78717		γενιπ3 ⊧3 PH 2:50	§ . 5
City/State and Zip Code	- ms	<i>\</i> 27	
raresignations@legalzoom.com	FL	50	
E-mail address: (to be used for future annual report notification)	-		
For further information concerning this matter, please call:			
800 at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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 605.011	5, Florida Statutes, the unde	rsigned,		
United States Corp	oration Agents, Ir	ıc.	, hereby resigns as		
	Name of Registered Age	nt	, hereby resigns as		
Registered Agent for H	lobby Nirvana LL(<u> </u>			
- 11	Name of Lin	nited Liability Company		 -	
L23000178529					
Document No	ımber, if known	**			
A copy of this resignation	on was mailed to the t	above listed limited liability	company at its last kr	nown addr	ess.
		ntinued on the 31st day afte			
		Signature of Resigning Agent			
If signing on behalf of a	n entity:				
	Cheyenne Mose	eley		202	
	T	yped or Printed Name			
	Asst. Secretary for L	Inited States Corporation Ag	ents, Inc.	ු <u>ඩ</u> ේ 	
		Capacity		<u>الله</u> دي ا	
			(1) (1) (1)	PH 2:50	1 1 ₁
			ĀĒ	¥ 12	S
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dissolity company	ri S ved/	

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