L23000199408

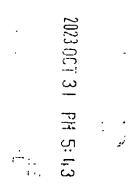
(Requestor's Name	e)
(Address)	
(Address)	
(City/State/Zip/Pho	ine #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Numbe	er)
Certified Copies Certificat	es of Status
Special Instructions to Filing Officer:	

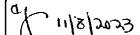




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10/31/23--01015--023 **25.00





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Highway Lottery LLC Name of Limited Liability Company
DOCUMENT NUMBER: L23000199408
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:
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:
Name of Person Area Code 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limit liability company.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 section 605.0115. Florida Statutes, the unde	isigned.
	, hereby resigns as
Name of Registered Agent	
Registered Agent for Highway Lottery LLC	
Name of Limited Liability Company	·
isame of Limited Diability Company	
L23000199408	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability	company at its last known address.
A copy of this resignation was mailed to the above listed limited liability. The agency is terminated and the office discontinued on the 31st day afte	
· · · · · · · · · · · · · · · · · · ·	r the date on which this statement is file
The agency is terminated and the office discontinued on the 31st day afte	r the date on which this statement is file
The agency is terminated and the office discontinued on the 31st day afte M Signature of Resigning Agent	
The agency is terminated and the office discontinued on the 31st day afte Signature of Resigning Agent If signing on behalf of an entity:	r the date on which this statement is file
The agency is terminated and the office discontinued on the 31st day afte Signature of Resigning Agent If signing on behalf of an entity: Cheyenne Moseley	r the date on which this statement is file

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