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COVER LETTER

Division of Corporations

SUBJECT: Henriquez Estate Solutions LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L23000500382

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

E-mail address: (to be used for future annual report notification)

raresignations@legalzoom.com

For further information concerning this matter, please call:

Name of Person at (800) 773-0888

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc. , he		_ , hereby resigns as	72
			7024 SE
Registered Agent for _	Henriquez Estate Solutions LLC		
			00
	Name of Limited Liability Company		
L23000500382			ं <u>छ</u> ज
Document N	lumber, if known		
A copy of this resignati	ion was mailed to the above listed limited liability co	ompany at its last know	n address.
The agency is terminate	ed and the office discontinued on the 31st day after t	he date on which this s	tatement is filed.
	Treutlein		
	Signature of Resigning Agent		
If signing on behalf of a	an entity:		
	Erik Treutlein		
	Typed or Printed Name		
	Vice President on behalf of United States Corporation Age	nts, Inc.	
	Capacity		

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
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withdrawn limited liability company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