L34000015898

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COVER LETTER

HBN GROUP ELC SUBJECT:		
	(Name of Corporation)	
DOCUMENT NUMBER: 1.24000015898		
The enclosed Resignation of Registered a	Agent for a Corporation and fee are submitted	d for filin
Please return all correspondence concern	ning this matter to the following:	
ERIKA P. AZUARA		
(Name of Person)		
HBN GROUP LLC		
(Name of Firm/Company	ıyı	
8820 SW 151ST CT		
(Address)		
MIAMUEL, 33196		
(City/State and Zip Code	e)	
For further information concerning this n	matter, please call:	
ERIKA P. AZUARA	at () Area Code & Daytime Telephone Num	
(Name of Person)	(Area Code & Daytime Telephone Num	iber)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

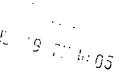
Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

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



Pursuant to the p	rovisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes.	the undersigned. LINA GARCIA
	(Name of Registered Agent)
hereby resigns as	Registered Agent for HBN GROUP LLC
, C	(Name of Corporation)
L24000015898	
(Document	Number, if known)
A copy of this re.	signation was mailed to the above listed corporation at its last known address.
The agency is ter this statement is	minated should office discontinued on the 31st day after the date on which filed. Out Out (Signature of Resigning Agent)
If signing on beh	alf of an entity:
	LINA GARCIA
	(Typed or Printed Name)
	REGISTERED AGENT
	(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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