M05000	000431
(Requestor's Name) (Address) (Address)	300158522933
(City/State/Zip/Phone #)	07/20/0901022011 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FTILED 2009 JUL 20 PH 4: 07 JUL 20 PH 4: 07 TALLAHASSEE, FLORIDA
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•	*	ų	"COVER LETTER
	<u> </u>		

TO: Amendment Section Division of Corporations

SUBJECT:	HTIF, LLC			
	Name of Limited Liability Company			

DOCUMENT NUMBER: _____ M0500000431

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

LICON

Please return all correspondence concerning this matter to the following:

Mary E. Fink Name of Person

National Corporate Research, LTD, Inc. Name of Firm/Company

> 615 S. Dupont Highway Address

DOVER, DE 19901 City/State and Zip Code

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

For further information concerning this matter, please call:

MARY FINKat (_____800_)483-11407 15 69Name of PersonArea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

NATIONAL CORPORATE RESEARCH, LTD, Inc. , hereby resigns as

Name of Registered Agent

Registered Agent for _____

. . - .

HTIF, LLC

Name of Limited Liability Company

M0500000431

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

L Hafayel Signature of Resigning Agent

If signing on behalf of an entity:

 Wayne Rafanelli

 Typed or Printed Name

 V. P., National Corporate Research, LTD., Inc.
 7/15/09

Capacity

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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



INHS17 (08/05)