

M 11 000002619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400240477024

10/22/12--01025--015 **25.00

12 OCT 22 AM 11:38

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 23 2012

T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HUNTINGTON COPPER, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M11000002619

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:

JANCY REYES
Name of Person

PARACORP INCORPORATED
Name of Firm/Company

PO BOX 160568
Address

SACRAMENTO, CA 95816
City/State and Zip Code

jwysong@huntingtoncopper.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jancy Reyes at (800) 533-7272
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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,

PARACORP INCORPORATED

Name of Registered Agent

, hereby resigns as

Registered Agent for HUNTINGTON COPPER, LLC

Name of Limited Liability Company

M11000002619

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.



Signature of Resigning Agent

If signing on behalf of an entity:

NINH HO

Typed or Printed Name

ASST SECRETARY

Capacity

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withdrawn limited liability company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

INHS17 (08/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 22 AM 11:38