M12000001802

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		\$25

Office Use Only

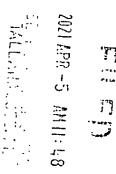


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NAY 23 2021

COVER LETTER

TO: Registration Section Division of Corpor	on rations		
SUBJECT: HA FRANCI	HISING, LLC Name of Limited Liability	v Company	
DOCUMENT NUMBER			
The enclosed Resignation for filing.	of Registered Agent for a Limite	d Liability Company and fee are	submitted
Please return all correspor	dence concerning this matter to t	he following:	
Kristie Tolliver	ne of Person	_	
COGENCY GLOBAI	_ INC. Firm/Company	-	
850 New Burton Rd.,	Suite 201	_	
Dover, DE 19904 City/Sta	te and Zip Code		2021 APR -
E-mail address: (to be use	d for future annual report notification)		C1
For further information co	ncerning this matter, please call:	· '	
Invoices Team	at (<u>866</u>) 621-3524 Daytime Telephone Number	· ຜ
Name of Pe	rson Area Code	Daytime Telephone Number	
Enclosed is a check made	payable to the Florida Departmen	nt of State for \$85.00 for an acti	ve limited

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.011	5. Florida Statutes, the unc	iersigned,			
COGENCY GLOBAL INC.		, hereby resigns as			
Name of Registered Ages					
Registered Agent for HA FRANCHISING	G, LLC				
Name of Lim	ited Liability Company			<u> </u>	
M12000001802					
Document Number, if known					
A copy of this resignation was mailed to the a	above listed limited liabilit	y company at its last kn	iown addre	\$8.	
The agency is terminated and the office disco	ntinued on the 31st day aft	er the date on which th	is statemer	nt is file	d.
	ristic Tollic Signature of Resigning Agent	rer_			
If signing on behalf of an entity:					
Kristie Tolliver					
	yped or Printed Name				
Assistant Secreta	ary, COGENCY GL	OBAL INC.		202	
	Capacity			1377 4425 1445	y-1
			<u>}</u> =:	2021 APR -5	
			32.	Ċì	
FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissol- withdrawn limited liabi	company ved/ voluntarily dissolvility company	ved/	811 H	<u>[آ</u> ال

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