Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:_____

LLC REGISTERED AGENT RESIGNATION HONOR FINANCE, LLC.

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0	115, Florida Statutes, the unde	ersigned,			
C T CORPORATION SYSTEM, hereby re				\$		
	Name of Registered A	•	_, + 0, . + 0.8.10 40			
Registered Agent for HC	NOR FINANC	CE, LLC.				_
		Limited Liability Company				_
M14000007642						
Document Nur	nber, if known					
A copy of this resignation	n was mailed to th	ic above listed limited linhility	y company at its las	it known a	address	s. ·
The agency is terminated	and the office dis	scontinued on the 31st day aft	er the date on whic	h this stat	ement	is filed.
		Signature of Resigning Agent		8 20	20	
If signing on behalf of an	entity:	Signature of Resigning Agent			18 DEC 13	
	C T Corporation	on System - Helen Mac-	Tran	37.78	-	<u> </u>
		Typed or Printed Name		id? Cd.∻		C3 (-3)
	Assi	stant Secretary			3	C
		Capacity		ORID.	AM 10: 31	
	FILM \$ 85.0 \$ 25.0		ved/voluntarily dis	ssolved/		

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