

To: +18506176383

Page: 2 of 3

2021-10-20 12:00:47 CST

19542080845

From: Kaity Toon

Division of Corporations

m14000008036

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210003912543)))



H210003912543ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 future annual report mailings. Enter only one email address please.

Email Address: _____

2021 OCT 20 PM 2:02

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 OCT 20 AM 10:17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LLC REGISTERED AGENT RESIGNATION
HVB EQUIPMENT CAPITAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

OCT 21 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

Name of Registered Agent

, hereby resigns as

Registered Agent for

HVB EQUIPMENT CAPITAL LLC

Name of Limited Liability Company

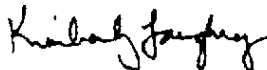
M14000008036

Document Number, if known

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 OCT 20 AM 10:17

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:

Kimberly Laughrey

Typed or Printed Name

Assistant 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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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