M1700000 3853

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CPSSIAL MISEBOOK TO FILING STREET





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COVER LETTER

LIVER A COST WARD REVELOCUENT I I C
SUBJECT: HYDRA SOFTWARE DEVELOPMENT LLC Name of Limited Liability Company
DOCUMENT NUMBER: M17000003853
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:
Mr. Hernandez
Name of Person
HYDRA SOFTWARE DEVELOPMENT LLC Name of Firm/Company
829 W. Palmdale Blvd #68
Address
Palmdale CA 93551
City/State and Zip Code
gerson@generalcorporate.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mr. Hernandez Name of Person at (661) 253 3303 Area Code Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

TO: Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Registered Agents Inc.		, hereby resigns as			
	Name of Registered Agent	, _E			
Registered Agent for	HYDRA SOFTWARE DEVELOPMENT LLC				
·	Name of Limited Liability Company				
M17000003853					
Documen	t Number, if known				
A copy of this resign	ation was mailed to the above listed limited lia	ability company at its last	known add	dress.	
The agency is termin	ated and the office discontinued on the 31st da	av after the date on which	this staten	nent is fi	iled.
· · · · · · · · · · · · · · · · · · ·	p 71				
	Sel Name				
	Signature of Resigning	Agent	1	~	
If signing on behalf of	of an entity:		2413	2019 421	
	Registered Agents Inc.		÷ , ′	37) 17) 27)	1
	Typed or Printed Name		,	٥	
	Assistant Secretary				
	Capacity		•		·
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	FILING FEES: S 85.00 Active limited liab	Ilitu aammanu			

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