MAC OCCCCCOSSC

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: HAMPTONS RELIABLE SUMMER SERVICE	CES LLC
Name of Limited Liability	Company
DOCUMENT NUMBER: M2000000080	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
101 North Brand Blvd. 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
	773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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	605.0115. Florida Statutes, the undersigned.	
United States Corporation Ag	ents, Inc.	resigns as
Name of Regis	stered Agent	
Registered Agent for HAMPTONS	S RELIABLE SUMMER SERVICES L	LC
Na	ame of Limited Liability Company	
M20000000080		
Document Number, if known	<u></u>	
A copy of this resignation was maile	d to the above listed limited liability company	at its last known address.
The agency is terminated and the off	ice discontinued on the 31st day after the date	on which this statement is filed.
f'signing on behalf of an entity:		
Cheyenn	e Moseley	
	Typed or Printed Name	_
Asst. Secre	etary for United States Corporation Agents, Inc.	
	Capacity	- 12-4 - 2-4 - 2-4 - 3-4
		1
<u> </u>	FILING FEES: 5 85.00 Active limited liability company 6 25.00 Administratively dissolved/ volun withdrawn limited liability compa	tarily dissolved/ \(\frac{1}{2}\)

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

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