P23 200052544

(Re	equestor's Name)	 		
(Ad	ddress)			
(Ad	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





900432041989

2024 JUL 24 MILL: 56
SECRETARY OF PINE

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: HITECH A TINC	
(Name of Corporation)	
DOCUMENT NUMBER: P23000052544	
The enclosed Resignation of Registered Agent for a Corporation and fee	e are submitted for filing.
Please return all correspondence concerning this matter to the following	·
Travis Crabtree	
(Name of Person)	2024 2024
LEGALCORP SOLUTIONS, LLC	2024 JUL 24 SECRETARY
(Name of Firm/Company)	至 2
3 Greenway Plaza #1320	· · · · · · · · · · · · · · · · · · ·
(Address)	me T
Houston, TX 77046	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
LegalCorp Solutions, LLC 888 534-3018 at ()	
(Name of Person) (Area Code & Daytime T	Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	etions 607.0503(2), 617.0502(2), 607.1509, or 6	517.1509,
Florida Statutes, the undersione	ed, LEGALCORP SOLUTIONS, LLC	
Tronda Dinates, the undersigne	(Name of Registered Agent)	
hereby resigns as Registered Ap	HITECH A T INC	
merce y resignis ans registrer en a	(Name of Corporation)	
P23000052544		
(Document Number, if know	n)	
A copy of this resignation was i	mailed to the above listed corporation at its last	known address.
The agency is terminated and the this statement is filed.	ne office discontinued on the 31st day after the d	late on which
	(Signature of Resigning Agent)	
If signing on behalf of an entity	P	2024 J
TRAVIS CRAB	TREE	LEAN TO
	(Typed or Printed Name)	
MEMBER		2024 JUL 24 MH II S SECRETARY OF SEE FO
	(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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