1/5000092899

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	dress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bi	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	<u>.</u>		

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K.SALY EXAMINER

OCT -7 2015

COVER LETTER

TO:	-	stration Section ion of Corporations				
SUBJ	ECT:	T:				
The en	nclosed	member, resignation or disso	ociation and fee(s) are submitted for filing.		
Please	e return	all correspondence concernir	ng this matter to:			
Jacq	ue Hut	toe				
		(Contact Person)		-		
JHCH	d Inve	stments LLC				
		(Firm/Company)		-		
1172	S. Dix	tie Hwy. #463				
		(Address)		.		
Cora	I Gable	es, Fl. 33146				
		(City/State and Zip Code)		-		
For fu	ırther ir	nformation concerning this ma	atter, please call:			
Jacq	ue Hut	toe	305	4453730		
	(N	ame of Contact Person)		& Daytime Telephone Number)		
	sed ple 5 Filing	ase find a check made payable Fee		repartment of State for: Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
		Section Corporations		Registration Section Division of Corporations		
Clifto	n Build	ling		P.O. Box 6327		
		ive Center Circle Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



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SECRE IARY OF STATE
TALLAHASSEE. FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department H Investments LLC
2. The Florida docu L1500009289	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Charles Hutt	
Managing Me	mber
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)