

L18000259053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

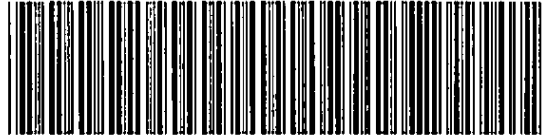
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000355865280

12/07/20--01010--015 **25.00

SECRETARY OF STATE
JAN 2 2021

2020 DEC -7 AM 7:01

FILED

O SIMMONS

JAN 22 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amzak HYM, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Debra Miller

(Contact Person)

Amzak Capital Management

(Firm/Company)

980 N. Federal Highway, Suite 315

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael D. Kazma

(Name of Contact Person)

at (561-943-416) 561-953-4164
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

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



LED

2020 DEC -7 AM 7:01

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FL

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Amzak HYM, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L18000259053

3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 1, 2020

4. I, Gerald Joseph Kazma, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

DocuSigned by:

12/02/2020 10:01:00 AM

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)