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Office Use Only



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C. Child

COVER LETTER

TO: Registration Section Division of Corporation	ons — — — — — — — — — — — — — — — — — — —	
SUBJECT: Halle	Con Soverion, LLC Name of Limited Liability Company	-
The enclosed Articles of Amend	lment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	Lynn m. Halle	_
	Name of Person	
	Firm/Company	_
	1890 Lake Markham Rd.	_
	1890 Lake Markham Rd. Address San Rord, Pl 32771	2013 C
	City/State and Zip Code	DEC -
For further information concerni	E-mail address: (to be used for future annual report notification) ing this matter, please call:	7 PH
Lynn M. t Name of Person	Area Code & Daytime Telephone Numb	ORACIO ORACIO Der
Enclosed is a check for the follo	owing amount:	
□ \$25.00 Filing Fee	30.00 Filing Fee & S55.00 Filing Fee & S60.00 F Certificate of Status Certified Copy Certificational copy is enclosed)	Filing Fee, icate of Status & ied Copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it a		of the Flor	ida Dep	artme	ent
2. This limited liabil	lity company was organized un	der the laws of: 		FACA	2013 DEC 17	
	ment/registration number of thi 0000381	s limited liability com	pany is:	TARY OF S	-P -3 x	A VANA
4. I, LYNN (Print Na.	M. Halle me of Person Resigning)	_, hereby resign as a _	Mtm (Pri)	DEN nt Title)	<u>မှ</u> O	·, ,' –
of this limited liab resignation in writ	ility company and affirm the li	mited liability compan			d of m	ıy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					

CR2E079 (5/06)