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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: H & L Florida Associates, LLC	
(Name of Limited Liabili	ity Company)
The enclosed member, managing member or manager filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	er to:
Gregory S. Oropeza, Esq.	
(Contact Person)	
Barton Smith, PL	
(Firm/Company)	
624 Whitehead Street	
(Address)	* S = -
Key West, Florida 33040	AHA:
(City/State and Zip Code)	
For further information concerning this matter, please	call: FLORID: 24
Gregory S. Oropeza, Esq. at (30	05) 296-7227 🗒 😤
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as L Florida Associate		s of the Florida Department	
2. This limited liab Florida	ility company was organized	d under the laws of:		
3. The Florida doce L0200002	ument/registration number o	f this limited liability con	npany is:	
4. I, Jack Horn	stein	herehv recian ac a	Managing Member \ \n	nc Q
	ame of Person Resigning)	, nereby resign as a	(Print Title))0[11
of this limited lial resignation in wr	bility company and affirm thiting.	e limited liability compa	ny has been notified of my	
Signature of Resi	gning Member, Managing N	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	remoer of Manager	11 SEP 15 PH12 5-5-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	7 mg