

L03000023349

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FELDMAN KOENIG & HIGHSMITH, P.A.
Account Number : 120070000096
Phone : (305)296-8851
Fax Number : (305)294-8844 296-8575

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ELC AMND/RESTATE/CORRECT OR M/MG RESIGN
H-TRY, LLC

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FELDMAN KOENIG HIGHSMITH

002/003

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H-TRY, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

SCOTT G. OROPEZA

(Contact Person)

H-TRY, LLC

(Firm/Company)

815 PEACOCK PLAZA

(Address)

KEY WEST, FL 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott G. Oropeza

(Name of Contact Person)

at (305) 294-1049

(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

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (5/06)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: H-TRY, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L03000023349

4. I, ROBERT E. HIGHSMITH, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

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

[Signature]
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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