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SECRETARY OF STATE

ALL ANALOGISTS

COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJ	HG & LL Holdings LLC	
	(Name of Limited Lia	bility Company)
The er filing.	closed member, managing member or managing	ger resignation and fee(s) are submitted for
Please	return all correspondence concerning this m	atter to:
Laurie	e DeLoach	
	(Contact Person)	
HG &	LL Holdings LLC	
	(Firm/Company)	
6389	Tower Lane	
	(Address)	
Saras	ota FL 34240	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, plea	ase call:
L <u>aurie</u>	DeLoach at (at (941
	(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to the F	Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
		Certified Copy
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:
Regist	ration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle assee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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SECRETARY OF STARE TALLAMASSEE, FLORIDA

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

1. The name of the l HG & of State is:	imited liability company as it LL Holdings LLC	appears on the records	of the Florida Department
2. This limited liabil Florida	ity company was organized u	nder the laws of:	
3. The Florida docum L030005579	ment/registration number of the	nis limited liability con	npany is:
4. IJohn Gengle	r	, hereby resign as a	Manager
	me of Person Resigning)	<u></u> ,	(Print Title)
of this limited liab resignation in writ	ility company and affirm the ling.	limited liability compar	ny has been notified of my .
Signature of Resig	ning Momber, Managing Me	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)