

204000046460

2018-27 P 1:05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

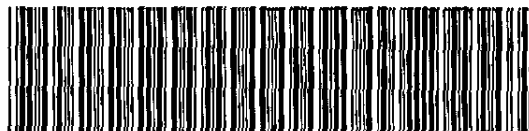
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 31, 2005

CLOUDIA CUORTOS
18151 NE 31 ST. #414
AVENTURA, FL 33160

SUBJECT: HMC II, LLC
Ref. Number: L04000046460

We have received your document for HMC II, LLC. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 605A00054881

FILED

SEP 27 P 1:45
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

3/5/02 P 1:46

FILED

SUBJECT: HMC V LLC
(Name of Corporation)

DOCUMENT NUMBER: LO5000046491

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudia Cuartas
(Name of Person)

(Name of Firm/Company)

18151 NE 31 CT #414
(Address)

Aventura FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

Claudia Cuartas at (786) 3370019
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

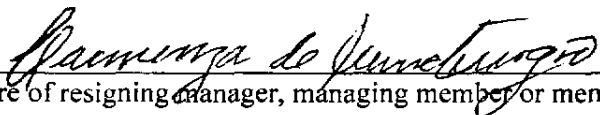
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Maria Cajigas, hereby resign as MGR
(Title)

of HMC II LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

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


(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314