# L04000057386

| (Re                                     | questor's Name)  |             |  |  |
|---|------------------|-------------|--|--|
| (Address)                               |                  |             |  |  |
| (Ad                                     | dress)           |             |  |  |
| (Cit                                    | y/State/Zip/Phon | ne #)       |  |  |
| <u></u>                                 | WAIT             | MAIL        |  |  |
| (Bu                                     | siness Entity Na | me)         |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | _ Certificate    | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
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### MICHAEL A. O'BRIEN, P.A.

ATTORNEY AT LAW

1115 E. LIVINGSTON STREET ORLANDO, FLORIDA 32803

TELEPHONE: (407) 872-1484 FAX: (561) 880-8206 EMAIL:blackbar@earthlink.net

August 17, 2012

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

Re: HNH Family Holdings, LLC / Resignation of Member

Dear Sir or Madam:

Please find enclosed the resignation of a member from the above cited limited liability company and a check for the appropriate filing fee in this matter.

Thank you for your assistance in this matter.

Sincerely,

Michael A. O'Brien

MAO/abg Enclosure

#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |
|--|---|
| SUBJECT: HNH Family Holdings, LL                   |   |
| (Name of Limited                                   | Liability Company)                              |
| The enclosed member, managing member or ma filing. | anager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this   | s matter to:                                    |
| Gene E. Hess                                       |   |
| (Contact Person)                                   |   |
| HNH Family Holdings, LLC                           |   |
| (Firm/Company)                                     |   |
| 915 Outer Road, Ste. 100                           |   |
| (Address)  |   |
| Orlando, Florida 32814                             |   |
| (City/State and Zip Code)                          |   |
| For further information concerning this matter,    | please call:                                    |
| Gene E. Hess                                       | <u>(407</u> ) 770-1815                          |
| (Name of Contact Person)                           | (Area Code & Daytime Telephone Number)          |
| Enclosed please find a check made payable to the   | ne Florida Department of State for:             |
| \$25 Filing Fee                                    | \$55 Filing Fee &                               |
| <u> </u>   | 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                         |   |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## 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 i       | • •                        | of the Florida Department  |
|--|--------------------------------------|----------------------------|----------------------------|
| 2. This limited liab Florida           | ility company was organized          | under the laws of:         |                            |
| 3. The Florida doct<br>L0400057        | ment/registration number of          | this limited liability con | npany is:                  |
| <sub>4. I,</sub> William J.            | Hess                                 | , hereby resign as a       | Manager-Member             |
| (Print Name of Person Resigning)       |                                      |                            | (Print Title)              |
| of this limited lial resignation in wr | pility company and affirm the iting. | limited liability compar   | ny has been notified of my |
| Signature of Res                       | gning Member, Managing Mo            | ember or Manager           |                            |
| Filing Fee:                            | \$25.00 (Required)                   |                            |                            |
| Certified Copy:                        | \$30.00 (Optional)                   |                            |                            |