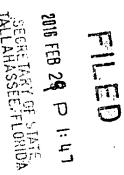
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(Deguester)
Donolyni Hampton - 1890 SE 5th court Brupanio Beach, F1 -
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33(060)
(City/State/Zip/Pnone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2016

CAROLYN HAMPTON 1890 SE 5TH COURT POMPANO BEACH, FL 33060

SUBJECT: HAMPTON & ASSOCIATES LLC

Ref. Number: L04000072958

We have received your document for HAMPTON & ASSOCIATES LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

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) 245-6051.

Deborah Bruce Regulatory Specialist II Letter Number: 016A00000296 20 0

2816 FEB 26 PM 5: 07

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Resignation from Corporation (Name of Limited Hability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Carolyn Sue Hampton (Contact Person)
than plan and associates
1181 NE 23td Herrace Ste 3
Pompano Beach, Fl 33062 ARECHES TO COITY/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
(Name of Contact Person) at (151) 263-883 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\s
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company	as it appe	ars on the rec	ords of th	e Flori	da Dep	artment
of State is:	lampton a	and	12200	ates	LL.	1	
2. The Florida docu	ment/registration number	assigned	to this limite	d liability	compa	ny is:	
		·					
3. The date this mer	mber/manager withdrew/r	esigned or	will withdra	w/resign	is:	1-5-	2016
4. I, AROLY (Print No.	ome of Person Resigning)	tonih	ereby withdr	aw/resign	as a		
ma	Mace Print Title						
of this limited liab resignation in writ	ility company and affirm	the limite	d liability co	mpany has	S DEED 1	in FEB	ofmy
Inde		\- <u>z</u>			WSA OL	28	
Signature of Dis	sociating Member or Res	igning Ma	nager		STATE	רו יי ס	J
Filing Fee:	\$25.00 (Required)						
Certified Copy:	\$30.00 (Optional)						