

L05000065184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

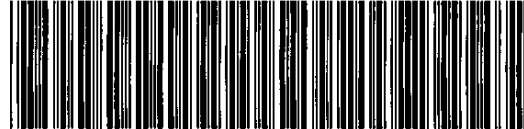
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2006

DON VIDUSSI
3007 CHIQUITA BLVD.
CAPE CORAL, FL 33914

SUBJECT: HPK LLC
Ref. Number: L05000065184

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We have received your document for HPK LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 906A00025227

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HPK, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Don Vidussi
(Name of Person)

(same)
(Firm/Company)

3007 Chiowita Blvd
(Address)

Cape Coral FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

Don Vidussi at (239) 872-9996
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

CR2E079 (8/05)

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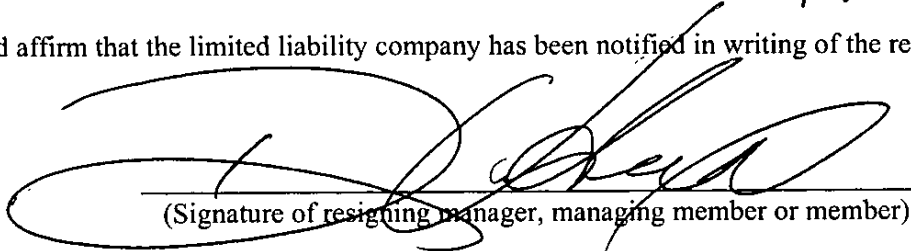


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Don Vidussi, hereby resign as Managing Member
(Title)
of HPK, 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)

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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