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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<del>(</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

7 FEB 28 PM 12:

## **COVER LETTER**

Division of Corporations	
SUBJECT: HILL BASHAW GRO (Name of Limite	UP, LLC d Liability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
JOHN W. HILL (Contact Person)	
HILL BASHAW GROUP, LLC (Firm/Company)	; 
1105 WEST HOWARD STRE	ET
LIVE OAK, FLORIDA 32064 (City/State and Zip Code)	
For further information concerning this matter,	, please call:
	at (386) <u>362-3300</u>
(Name of Contact Person)  Enclosed please find a check made payable to \$25 Filing Fee	(Area Code & Daytime Telephone Number)  the Florida Department of State for:  \$55 Filing Fee & Certified Copy
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
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CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it ap of State is: HILL BASHAW GROUP	pears on the records of the Florida Department P, LLC
2. This limited liability company was organized und FLORIDA	o7 FEB 28 TALLAHASSE
3. The Florida document/registration number of this L05000101603	Hi
4. I, JASON N. BASHAW	, hereby resign as a MANAGER AND MEMBER
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lim resignation-in writing.  Signature of Resigning Member, Managing Memb	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	