L05000106142

| (Re | equestor's Name) | | |
|---|--------------------|-----------|--|
| (Ad | idress) | | |
| (Ac | ldress) | | |
| (Ci | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Hunter's Creek Mechanica/ Services, LLC. (Name of Limited Liability Company) | | | | |
|--|--|--|--|--|
| The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to: | | | | |
| Randy Zambrana (Contact Person) | | | | |
| Hunter's Creek Mechanical Services, LLC (Firm/Company) | | | | |
| 5112 Chelwyn Ct. (Address) | | | | |
| Oylando FL 32837 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Randy Zambrana at (321) 763-6918 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | | | | |

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 appears on the re- | cords of the Florida Department |
|----|--|---------------------------------|
| | of State is: Hunter's Creek Mechanica | J Services, LLC |

2. This limited liability company was organized under the laws of: Florida

3. The Florida document/registration number of this limited liability company is: L05000106142

L. Maisonet, hereby resign as a MGAPM (Print Title) (Print Name of Person Resigning)

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

Signature of Resigning Member, Managing Member or Manager

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)

CR2E079 (5/06)