

LD6000099914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

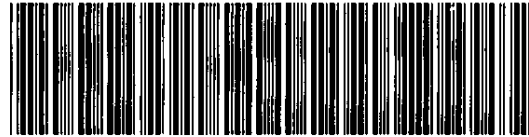
Special Instructions to Filing Officer:

L. SELLERS

OCT -4 2010

EXAMINER

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09/30/10--01006--017 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 30 AM 10:04

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HK Storage, 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:

Robert Hetsler
(Contact Person)

HK Storage, LLC
(Firm/Company)

4529 San Lorenzo Blvd.
(Address)

Jacksonville, FL 32224
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Hetsler at 904, 472-5993
(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

☐ \$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



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 records of the Florida Department of State is: HK STORAGE, 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:
L06000099914

4. I, MICHAEL SYLVESTRE, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

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

[Signature]
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
10 SEP 30 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA