## W7000001910

(Red	questor's Name)	
(Ado	dress)	
` (Add	dress)	
(City	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 11 2017 S. YOUNG

## **COVER LETTER**

2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Section Division of Corporations			
SUBJECT: HARDING HOLLYWOOD I	NVESTMEN	T, LLC	_
	mited Liability Co	ompany)	
The enclosed member, resignation or dissoc	ciation and fee	(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to	:	
Arnaud Sitbon			
(Contact Person)		<del>_</del>	
Harding Hollywood Investment, LLC			
(Firm/Company)		_	7
19950 W. Country Club Drive, Suite 80	0		THAY 10 PH 3: 1
(Address)		<del></del>	0
Aventura, FL 33180			P# 3:
(City/State and Zip Code)		<del></del>	55
For further information concerning this mat	tter, please call	l:	
Arnaud Sitbon	305	600-5001	
(Name of Contact Person)	`` \	le & Daytime Telephone Number)	_ }
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	
Cirron building		1,0,000,002/	

Tallahassee, Florida 32314



## 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)

L07000001910  3. The date this member/manager withdrew/resigned or value of JONAS MIMOUN  (Print Name of Person Resigning)  MANAGER  (Print Title)	vill withdr		•	7/17	
4. I, JONAS MIMOUN (Print Name of Person Resigning)  MANAGER	,		•	7/17	
4. I,, here of Person Resigning)  MANAGER	eby withd	raw/resig	n as a		, 2, 2, 1
(Print Name of Person Resigning)  MANAGER			•		
		-	.*		
(Print Title)		3 .			<u>.</u>
		,	٠.,		
of this limited liability company and affirm the limited	liability co	ompany l	as bee	n notific	ed of my
resignation in writing.				14	
Signature of Dissociating Member or Resigning Man	ager	<del>-</del> ., <sub>; .</sub>		•	
	· .			,	

Certified Copy:

\$30.00 (Optional)