## 207000034340

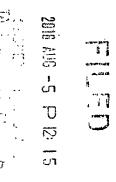
(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





100288633471

08/05/16--01020--006 \*\*25.00



AUG 0 8 2013 - BRUCE

## **COVER LETTER**

TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

**Division of Corporations** The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: For further information concerning this matter, please call: Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee V# 270 7 □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle 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)

	imited liability company as it ap	•	he Florida Department
of State is:	Harden Motor	rs LLC	
2. The Florida docum	nent/registration number assigne	ed to this limited liability	company is:
<u> </u>	00034340	,	
3. The date this men	nber/manager withdrew/resigned	or will withdraw/resign	is: <u>7-29-16</u>
_	me of Person Resigning)		
_mgc/	Print Title)		
of this limited liab resignation in writ	lity company and affirm the liming.	ited liability company ha	as been notified of my
Don	in Downing	)	
Signature of Dis	sociating Member or Resigning		› <u>.</u>
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		