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(Re	questor's Name)					
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(City	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bus	siness Entity Nar	ne)				
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Certified Copies	Certified Copies Certificates of Status					
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Special Instructions to I	Filing Officer:					
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G. MCLEOD

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EXAMINER

08 FEB 11 PM 1:

SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

Division of Corporations	
SUBJECT: His & Heas Formation (Name of Limited L	iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Robert A. Napai (Contact Person)	
HIS & Hers Families, LLC (Firm/Company)	<u> </u>
44 Center Grove Rs K. (Address)	19
Randalph NJ. 07869-	1397
For further information concerning this matter, ple	ease call:
Robert Nappi at ((Name of Contact Person) (A	973) 271-0711 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company 1415 & Heri's F			he Florida I	Depart	iment
2. This limited liabi	lity company was organia	zed under the l	iaws of:		,	
	ment/registration number		I liability compan	y is:		
(Print Na.	MINKET JP me of Person Resigning) lity company and affirm ing.		•	(Print Title	e)	 ſmy
Signature of Resig	ning Member, Managing	Member or M	analyer			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			-	08 FEB	SECRETA DIVISION OF

CR2E079 (5/06)

DIVISION OF CORPORATION

08 FEB | 1 PM | 1: 59