

100258369811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

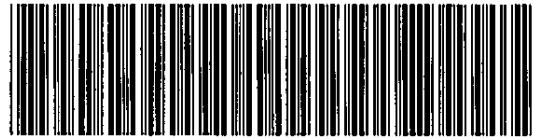
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/14--01018--002 **25.00

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Diss. mgr/mbr*

APR 15 2014

R. WHITE

FILED
14 APR -9 PM 2:13
TALLAHASSEE, FLORIDA
SECOND JUDICIAL CIRCUIT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HERNANDEZ & SUAREZ, PL

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DAYREN SUAREZ

(Contact Person)

HERNANDEZ & SUAREZ, PL

(Firm/Company)

215 W. 49 ST

(Address)

HIALEAH, FL. 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

DAYREN SUAREZ at 305 557-4304

(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



FILED

14 APR -9 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

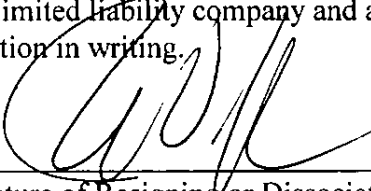
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HERNANDEZ & SUAREZ, PL

2. The Florida document/registration number of this limited liability company is:
L07000088255

3. The date this member withdrew or will withdraw is: DECEMBER 31ST, 2013

4. I, IRMA V. HERNANDEZ, hereby resign as a MANAGER/MEMBER
(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 of Resigning or Dissociating Manager, Member

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