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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hayes Asset Management, 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:

Jason Hayes

(Contact Person)

Hayes Asset Management, LLC.

(Firm/Company)

7106 50th Avenue Circle East

(Address)

Palmetto, FL 34221

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Hayes

,352

572-6312

(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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as yes Asset Managemen	it appears on the records of th	e Florida Depa	rtment
2. This limited liab	vility company was organized	d under the laws of:		
3. The Florida doc <u>L090000098</u>	-	f this limited liability company	[,] is:	
4. I, Jeffrey S. H	layes Jame of Person Resigning)	, hereby resign as a MG	RM (Print Title)	
	bility company and affirm th	e limited liability company has	,	
Signature of Ras	gaing Member, Managing N	Member or Manager	200 (1900) 1000 (1900) 1000 (1900) 1000 (1900)	13 007 21
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		FEGRIDA	