409000021025

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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(Business Entity Name)		
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COVER LETTER

Division of Corporations	
SUBJECT: HRSDT, LLC (Name of Limited Liability C	ompany)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
Henderson Boree (Contact Person)	
7501 Townsend Road	<u>d</u>
Jacksonville, FL	
(City/State and Zip Code)	
For further information concerning this matter, please cal	II:
Henderson Boree at (904) (Name of Contact Person) (Area Contact Person)	+) 703-4917 de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$\textstyle \text{\$\subset\$55 Filing Fee}\$\$ \$\text{\$\subset\$\$ \$\subset\$55 Filing Fee}\$\$	a Department of State for: ing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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)

The name of the limited liability company as of State is: HRSDT, LLC	it appears on the records of the Florida Department
2. The Florida document/registration number as L09000021025	ssigned to this limited liability company is:
3. The date this member/manager withdrew/res	igned or will withdraw/resign is:
Donald L. Boree	
(Print Name of Person Resigning) Managing Member	
(Print Title)	
of this limited liability company and affirm the resignation in writing. Signature of Dissociating Member or Resignature	e limited liability company has been notified of my ning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: 2022 AUS 22 PH