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COVER LETTER

Registration Section Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: Hextar LLC		
(Name of Limite	d Liability Company)	
The enclosed member, managing member or m filing.	nanager resignation and fee(s) are submitted for	or
Please return all correspondence concerning th	is matter to:	
Claudia Peralta		
(Contact Person)		20
Mscc 4, LLC	= C.	2013 NEY
(Firm/Company)	Contraction of the contraction o	<u></u>
1990 NE 188th Street	 គ្រួ មេត មេត	
(Address)		1: E
Miami, FL 33179		ţ,
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
Caudio Peralto	at (<u>786</u>) <u>371-4085</u>	
(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:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	i ananassee, i fortati 525 14	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin of State is: HEXT	nited liability company as it ap	pears on the records of the I	lorida Departn	ient —·
2. This limited liabilit	y company was organized unde	er the laws of:		20191687 -4
3. The Florida docum L090008011	ent/registration number of this	limited liability company is	ASSEE E	H. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	T, a Hungarian LLC e of Person Resigning)		(Print Title)-	-
resignation in writin	S Ludd	<u> </u>	een notified of	my
Signature of Resign	ing Member, Managing Memb	er or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (5/06)