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(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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SECRETARY OF STATE TALLAHASSEE, FLORID.

2013 DEC -6 PM 1:

EEC - 9 2013

T. HAMPTON

COVER LETTER

Division of Corporations	
SUBJECT: Hard Earn Properties (Name of Limited Lin	ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	natter to:
Jody Ammons (Contact Person)	
· (Solitable Letholi)	
(Firm/Company)	
11578 Alexis Forrest DR (Address)	
Jackson ville, FL 32258 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Jody Ammons at (Ammons	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it appears on the re Hand Earn Propertics, LLC	_
2. This limited liability Floridg	ty company was organized under the laws of:	
	nent/registration number of this limited liability	y company is:
4. I, Jody M. I	Ammo , hereby resign ne of Person Resigning)	as a MANAGER (Privil Title)
of this limited liabil resignation in writing	lity company and affirm the limited liability cong.	ompany has been notified of my
Signature of Resign	ning Member, Managing Member or Manager	ZO13 DEC TALLAHA
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	-6 PH 1: 46 ARY OF STATE ASSEE, FLORIC