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Bes/mar 1.3.14

COVER LETTER

SUBJECT: Hard Earned Properties LLC				
(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:				
Wendy Johns (Contact Person)				
(Firm/Company)				
2043 Ernest St (Address)				
JACKSONVILLE FC 32204 (City/State and Zip Gode)				
For further information concerning this matter, please call:				
Wendy Johns at (904) 545-3840 (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 \$ Certified Copy				
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations				

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (12/13)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

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TO: Registration Section Division of Corporations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a ard Earned		
	ument/registration number o	of this limited liability com	pany is:
3. The date this me	mber withdrew or will with	ndraw is: <u>09-20</u> , hereby resign as a	
of this limited lial resignation in wr	bility company and affirm the		(
Signature of Re Filing Fee: Certified Copy:	signing or Dissociating Ma \$25.00 (Required) \$30.00 (Optional)	an ager, M ember	

CR2E079 (12/13)