

L10000070631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100189021621

01/18/11--01031--021 \*\*35.00

FILED  
11 JAN 18 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 20 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HBI @ TAMPA, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** C10000070631

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT GASS  
(Name of Person)

HBI @ TAMPA, LLC  
(Name of Firm/Company)

123 Westshore Blvd 8 Floor  
(Address)

TAMPA, FL 33609  
(City/State and Zip Code)

**FILED**  
11 JAN 18 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Brenden Rimes at (813) 917-1894  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Jan. 7. 2011 2:04PM RIMES VENTURES

866.265-0176 P. 1  
→ my fax 425.6977



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 limited liability company as it appears on the records of the Florida Department of State is: HBIQ TAMPA, LLC

2. This limited liability company was organized under the laws of:  
The State Of Florida

3. The Florida document/registration number of this limited liability company is:  
L10000070631

4. I, Scott Gass, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Scott P. Gass  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

CR38879 (3/06)

**FILED**  
11 JAN 18 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA