

L10 000078025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

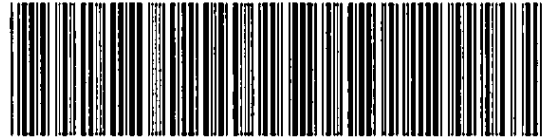
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 1 2020

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*Dissociation
of
member*

JUN 24 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HK Augusta Storage, 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:

Oriana Hetsler

(Contact Person)

Augusta Ave Storage

(Firm/Company)

1980 South Georgia Parkway

(Address)

Waycross, GA 31501

(City/State and Zip Code)

For further information concerning this matter, please call:

Oriana Hetsler

904

568-1749

at (_____) _____

(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

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

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DIVISION OF CORPORATIONS
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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HK Augusta Storage, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L10000078025

3. The date this member/manager withdrew/resigned or will withdraw/resign is: February 2020

4. I, Hetsler, Robert GJR, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(Print Title)

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

Robert Hetsler

Signature of Dissociating Member or Resigning Manager

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

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20 FEB - 1 PM 3:39
DIVISION OF CORPORATIONS
STATE OF FLORIDA