## L10000130313

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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6-11-14 Dc

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Hard blink (C) (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:					
Henry GS/G (Contact Person)					
, (comute value in					
(Firm/Company)					
210 S.W 107 a v6 (Address)					
Micami, FC 35/74 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (305) 222-2289  (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  \$25 Filing Fee & Certified Copy					
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations					

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 a	s it appears on the re	cords of the Florida Department
of State is: Ho	and blink LCC		<del>.</del>
	ment/registration number a		ed liability company is:
<u>L 1000</u>	0130313	·	
	$\sim$	signed or will withdr	raw/resign is: <u>5-20-14</u>
4. 1, <u>Soel</u> (Print No.	PEBEZ ame of Person Resigning)	, hereby withd	raw/resign as a
MGRI	Nerint Title)		
of this limited liab resignation in wri		he limited liability co	ompany has been notified of my
	) —		
Signature of Dis	ssociating Member or Resi	gning Manager	-
	\$25.00 (Required) \$30.00 (Optional)		TO MAY