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COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT: Hennen Appraisal Group, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jeremy Hennen

(Contact Person)

Hennen Appraisal Group

(Firm/Company)

927 Fern St Suite 2500

(Address)

Altamonte Springs, FL 32701

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremy Hennen

(Name of Contact Person)

 $\begin{array}{c} \text{at } (\frac{407}{\text{(Area Code \& Daytime Telephone Number)}} \end{array})$

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it ap	pears on the records of the Florida	Department
2. This limited liab Florida	ility company was organized und	er the laws of:	IS SEP -3 PI SECRETARY OF ALLAHASSEE.
3. The Florida docu L110000000	ument/registration number of this 062	limited liability company is:	STATE FLORIDA
4. I. Ingrid Henr	OEN Jame of Person Resigning)	, hereby resign as a Chief Financial Officer (Print Title)	
of this limited lia resignation in wr		ited liability company has been not	ified of my
<u> </u>	Aul.		,
Signature of Resi	gning Member, Managing Memb	er or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		