

Office Use Only



COVER LETTER

Division of Corporations			
SUBJECT: Hewitt Enterprises, LLC			· · · · · · · · · · · · · · · · · · ·
(Name of Li	imited Liability Co	ompany)	
The enclosed member, resignation or disso	ciation and fee	(s) are submitted for fil-	ing.
Please return all correspondence concernin	ig this matter to	:	
Thomas W. Hewitt (Contact Person)		···	
(Contact reison)			
Hewitt Enterprises, LLC			20
Hewitt Enterprises, LLC (Firm Company)			123 AI
558 W. New England Avenue #200			
(Address)			AS5
Winter Park, FL 32789			2023 APR 24 AM IO: 57
(City State and Zip Code)	<u> </u>		57
For further information concerning this ma	atter, please cal	1:	
Thoms W. Hewitt	at (407) 230-900 5	
(Name of Contact Person)	(Area Coo	de & Daytime Telephone	Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State foing Fee & Certified Cop	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassec, FL 3236	tions nassee eet, Suite 310

TO: Registration Section



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	s it appears on the records of the Florida Department
of State is: Hewin	tt Enterprises, LLC	
2. The Florida docu	ment/registration number a	ssigned to this limited liability company is:
L11000035006		·
3. The date this me	mber manager withdrew/res	signed or will withdraw resign is: 12/31/2022
4. I. Endlsey R. Hewi	II	, hereby withdraw/resign as a
tPrmt N	ame of Person Resigning)	
Member/Managin	g Member	
(Print Title)	
resignation in Wri	ting.	ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	1023 AFR 24
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