

L11000075745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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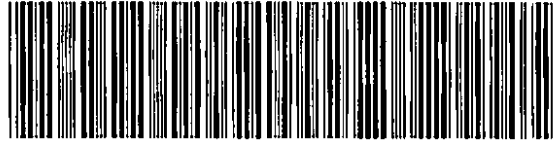
(Business Entity Name)

(Document Number)

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R. WHITE  
APR 21 2020

**HAWKEYE PARTNERS, LLC,  
a Florida limited liability company  
Document Number L11000075745**

**COVER LETTER**

**To: Registration Section,  
Florida Department of State – Division of Corporations**

**Re: Hawkeye Partners, LLC, a Florida limited liability company  
Florida Document Number L11000075745**

The enclosed documents are submitted for filing with the Florida Department of State, Division of Corporations, specifically:

1. Dissociation and Resignation of Manager (\$25.00 Filing Fee);
2. Resignation of Registered Agent (\$85.00 Filing Fee); and
3. Statement of Change of Registered Office and Registered Agent for Hawkeye Partners, LLC (\$25.00 Filing Fee).

Please return all correspondence concerning this matter to, and, for further information regarding this matter, please contact:

**Claude Wilkerson**

6043 Valley Springs Dr.

Brooks Hill FL 34601

**Telephone:** 727-224-1314

**Email:** [toddwilk1@gmail.com](mailto:toddwilk1@gmail.com)

**DISSOCIATION AND RESIGNATION OF MANAGER FROM  
FLORIDA LIMITED LIABILITY COMPANY  
(Pursuant to 605.0126, Florida Statutes)**

**HAWKEYE PARTNERS, LLC,  
a Florida limited liability company  
Document Number L11000075745**

1. The name of the Florida limited liability company as it appears on the records of the Florida Department of State is: **HAWKEYE PARTNERS, LLC.**
2. The Florida Document number assigned to this limited liability company is: **L11000075745.**
3. The date this Manager resigned is **April 7, 2020.**
4. I, **SHEADA MADANI**, hereby resign as a **MANAGER** of **HAWKEYE PARTNERS, LLC**, and affirms that the limited liability company has been notified of my resignation in writing.



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Sheada Madani

6/16/2020 10:50:13