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K.SALY EXAMINER FEB 15

COVER LETTER

| SUBJECT: How follows LCC (Mame 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: ALAN JONES | Division of Corporations | | |
|--|---|--|--|
| Please return all correspondence concerning this matter to: Alan Jones Gentact Person | | | |
| (Contact Person) (Firm/Company) 5828 Johns Rd (Address) Tangle Tt 33634 (City/State and Zip Code) For further information concerning this matter, please call: At Jones (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\text{Courier Address:}\$ MAILING ADDRESS: | The enclosed member, resignation or dissociation and fee(s) are submitted for filing. | | |
| (Firm/Company) 5828 Johns Rd (Address) Tarren T 33634 (City/State and Zip Code) For further information concerning this matter, please call: All Johns Rd (City/State and Zip Code) at (813) 404-284 (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 STREET/COURIER ADDRESS: MAILING ADDRESS: | Please return all correspondence concerning this matter to: | | |
| (Address) TAMPA TO 33634 (City/State and Zip Code) For further information concerning this matter, please call: ALD JONES at (8(3) 404-282) (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 \$\Bigcup \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: | Contact Person) | | |
| TAMPLE TO 33634 (City/State and Zip Code) For further information concerning this matter, please call: ALM JONES at 813 404-284 (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 \$\square\$ | (Firm/Company) | | |
| TAMPLE TO 33634 (City/State and Zip Code) For further information concerning this matter, please call: ALM JONES at 813 404-284 (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 \$\square\$ | 5828 JOHNSRQ | | |
| For further information concerning this matter, please call: ALM JONES at (813) 404-2824 (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 \$\Bigcup \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: | (Address) | | |
| ALM JONES at (813) 404-2824 (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 \$ Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: | TAMPO FL 33634 (City/State and Zip Code) | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: | For further information concerning this matter, please call: | | |
| \$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: | AUN TONES at (813) 404-2824 (Name of Contact Person) (Area Code & Daytime Telephone Number | | |
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| Division of Corporations Division of Corporations | Registration Section Registration Section Division of Corporations Division of Corporations | | |
| Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 | | | |

CR2E079 (2/14)

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 as it appears on the records of the Florida Department | | |
|---|--|--|
| of State is: Haze Holdwip, CC | | |
| 2. The Florida document/registration number assigned to this limited liability company is: | | |
| ±11000081688 L11000081668 | | |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is:/ | | |
| 4. I, BAL Box Gulgel, hereby withdraw/resign as a (Print Name of Person Resigning) | | |
| Moraging Part MC. (Print Title) | | |
| of this limited liability company and affirm the limited liability company has been notified of my | | |
| resignation in writing. | | |
| Bonharo Gulgel | | |
| Signature of Dissociating Member of Resigning Manager | | |
| Filing Fee: \$25.00 (Required) | | |
| Certified Copy: \$30.00 (Optional) | | |