## L11000108886

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



900391808659

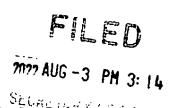
SECTION AND SET FOR

## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJ	ECT: HES TRADING LLC (Name of Limit	ed Liability Con	opany)
The e	nclosed member, resignation or dissocia	tion and fee(s	) are submitted for filing.
	return all correspondence concerning the		,
	ADOR I DIPP		
	(Contact Person)		-
PREM	IUM TAX SERVICES		
	(Firm/Company)		-
9050 P	INES BLVD SUITE 415-412		
	(Address)		-
РЕМВ	ROKE PINES FL 33024		
	(City/State and Zip Code)	<del></del>	-
For fu	rther information concerning this matter	r, please call:	
SALV	ADOR I DIPP	954 at (	544-4017
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)





## FLORIDA DEPARTMENT OF STATE SECRE USE OF STATE TALLAHASSEE, FL

## 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:
2. The Florida document/registration number assigned to this limited liability company is:  L11000108886
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I,
(Print Name of Person Resigning)
MGRM
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
William,
Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: