## 112000074619

(R	equestor's Name	)			
(A	ddress)				
(A	ddress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					

Office Use Only



000377910680

12/16/21--01017--018 \*\*25.00

2021 DEC 16 /MILL: 19

## COVER LETTER

Division of Corporations Hedrick Family Holdings, LLC SUBJECT: (Name 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: Jeffrey Scott Hedrick et omaci Personi. Hedrick Family Holdings, LLC Harm Company ( 185 NE 191 Ave ( Vidres) Old Town, FL 32680 (City State and Zip code) For further information concerning this matter, pieuse call: Jeffrey Scott Hedrick Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy \$25 Filing Fee <sup>(1)</sup>ceet Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahussee, Fi 32314 Lallahassee, FL 32303

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE. DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	• • •	s it appears on the records of the	e Florida Department
L12000074619	ument/registration number a	assigned to this limited liability	company is:
3. The date this me	ember/manager withdrew/re.	signed or wir! withdraw/resign i	
CFO	<i>Prim Titles</i> bility company and affirm t	he limited liability company has	
Signature of D	S25.00 (Required) \$30.00 (Optional)	ening Manager	2021 DEC 16 (2011): 2 -3088 (2)