

L12000084834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

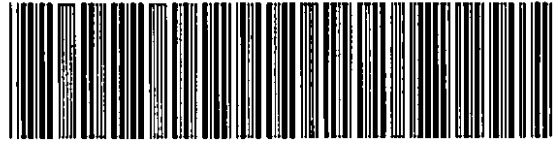
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Hope Financia / DEPOT LLC  
Name of Limited Liability Company

DOCUMENT NUMBER:

412000084834

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARITZA M FERNANDEZ  
Name of Person

HOPE FINANCIAL / DEPOT LLC  
Name of Firm/Company

1910 NW 16<sup>th</sup> Street  
Address

Pompano Beach FL 33069  
City/State and Zip Code

PumpGo@BellSouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARITZA Fernandez at ( 954 ) 588-0027  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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



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: HOPE Financia / DEPOT LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000084834

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, MARITZA M Fernandez hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

MARITZA M Fernandez  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2020 MAY 26 AM 6:43  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA