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. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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2018 JAN 14 PH 2: 48
SECRUTARY OF STATE
OF LAND.

JAN 1 5 2013 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: (Name of Limited Liability Con	orpany)
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
JOSEDH ÖNPRIS (Contact Person)	-
HET BECONS LLC (Firm/Company)	-
Po 160126	SECRETARY SECRETARY
ALTAMONE SPINGS, (City/State and Zip Code)	7-P 3271 PH 2:4
For further information concerning this matter, please call:	ु द्विति के
Name of Contact Person) at (469 (Area Code	267 344 / & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the loof State is:	imited liability company as HET Reco	it appears on the records of	of the Florida l	Department
	ity company was organized	l under the laws of:		2018 JAN 14 SEURCTARY TALLAHASSI
<u> </u>	nent/registration number o		-	PH 2: 4
4. I, MARY -	THOMASSON me of Person Resigning)	, hereby resign as a _	Marm	ا اس رانین ا
(Print Na	me of Person Resigning)		(Print Tit	tle)
of this limited liab resignation in writ	ility company and affirm th ing.	e limited liability compan	y has been not	ified of my
Muh	Numer			
Signature of Resig	ming Member, Managing N	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			