



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

FILED
13 JAN 22 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AAA Notary & Surety Bonds, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L12000087554

4. I, Clare Sheridan, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)

L12000151646

(Requestor's Name)

(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:

Office Use Only



200243422612

01/22/13--01026--007 **25.00

FILED
13 JAN 22 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 23 2013

B. KOHR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Hadron Web Properties LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jesse Stein

Name of Person

Hadron Web Properties LLC

Firm/Company

4061 Laguna Street

Address

Coral Gables, FL 33146

City/State and Zip Code

jesse@tritoncorp.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SEPTENARY US STATE
TALLAHASSEE, FLORIDA
_____ and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jesse Stein	4315 Laguna St	<input type="checkbox"/> Add
		Coral Gables, FI 33146	<input checked="" type="checkbox"/> Remove
MGR	Jesse Stein	4061 Laguna Street	<input checked="" type="checkbox"/> Add
		Coral Gables, FI 33146	<input type="checkbox"/> Remove
MGR	Jimena Stein	4315 Laguna St	<input type="checkbox"/> Add
		Coral Gables, FI 33146	<input checked="" type="checkbox"/> Remove
MGR	Jimena Stein	4061 Laguna Street	<input checked="" type="checkbox"/> Add
		Coral Gables, FI 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.



Signature of a member or authorized representative of a member

Jesse Stein

Typed or printed name of signee

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Filing Fee: \$25.00