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(Requestor's Name)			
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PICK-UP	] WAIT	MAIL	
(Business Entity Name)			
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S. WARREN AUG 1 8 2017

## **COVER LETTER**

Division of Corporations			
SUBJECT: HOA MWAS (Name of Limited I	iability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to:		
RAYMOND FINN (Contact Person)			
HOG DAWGS LLC			
P.O. BOX 157/			
OCK/GWaha, FL 32/8 (City/State and Zip Code)	3		
For further information concerning this matter, please call:			
RAYNOND FINN at ( (Name of Contact Person)	352, 390-7822 Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations		

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



## 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:	Tog Dawys, LLC	
2. The Florida doc	ument/registration number assigned to the state of the st	nis limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or wi	Il withdraw/resign is:
4. I. TACKIE (Print N	POR LER herel	by withdraw/resign as a
MGK	(Prim Title)	
of this limited lia resignation in wr		ability company has been notified of my
Signature of Di	ssociating Member or Resigning Manag	
Filing Fee: Certified Copy:	\$25.00 (Required) is \$30.00 (Optional)	NO 17 MILL