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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

CR2E079 (2/14)

SUBJECT: //HITES /R	f Limited Liability Company)
(Name o	f Limited Liability Company)
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
JEFFREY MOMAS (Contact Person)	
539 HW 41 H NE (Address)	TUKÇ #ME.
539 Hw 41 H AVE (Address)	
Colonal Creek FL (City/State and Zip Code)	
For further information concerning this	matter, please call:
(Name of Contact Person)	at ( <u>954</u> ) <u>648-3840</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made paya	ble to the Florida 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



## 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)

	e limited liability company as it appears on the records	of the Florida Department
of State is:	INITED PRESTURE UC	<del>,</del>
	nument/registration number assigned to this limited liab	pility company is:
1,300	0035481	
3. The date this mo	ember/manager withdrew/resigned or will withdraw/re	sign is: 12-31-2015
4. I, <u>DASMI</u>	E JAMES , hereby withdraw/re	esign as a
(Print )	Name of Person Resigning)	
<i>M</i>	(Print Title)	
	ability company and affirm the limited liability compar	y has been notified of my
resignation in w	riting.	
1 Dasmie	James	JUN III
Signature of D	issociating Member or Resigning Manager	
	#05.00 (D )	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	7. 2
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