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Office Use Only



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16.SEP 16 PH 4: 21

SEP 19 ZOIG S. YOUNG

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Section Division of Corporations	•
SUBJECT: ESDH EN LETOTISES (Name of Limited Liability Con	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Sandra Huber (Contact Person)	-
(Firm/Company)	
432 SW 944 St (Address)	_
Cape Corol FL 3399 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Pandro Huber at (239 (Area Code	374-2607 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$\times \\$25 \text{ Filing Fee}\$ \$\to\$ \$55 \text{ Filing}\$	Department of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	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)

1. The name of the	limited liability company as	s it appears on the records of the Florida	Department
of State is:	ESDH Enterp	rises, LLC	·
2. The Florida docu	ument/registration number as	ssigned to this limited liability company	is:
<u> </u>	175147	·	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	15/16
4. I, <u>Sand</u> (Print N	lame of Person Resigning)	, hereby withdraw/resign as a	·
Hanagi	ng Hember. (Prim Title)	(mgrm)	
of this limited lial resignation in wr		ne limited liability company has been not	tified of my
Signature of Di	ssociating Member or Resig	ning Manager	PH 4:
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2