L14000058158

(Re	questor's Name)	
, (Ad	dress)	
- (Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



300270681693

03/17/15--01023--024 **110.00

15 MAR 17 PM 4: 01

CLAB

CHRISTIAN R. HOHEB ATTORNEY AT LAW

314 Main Street Farmington, CT 06032 Telephone (860) 678-9345 Facsimile (860) 678-9210

March 13, 2015

VIA FEDERAL EXPRESS

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

Re: DIANE CHARAMUT, LLC

To Whom It May Concern:

Enclosed please find a check in the amount of \$110.00 payable to Florida Department of State representing the following fees in regard to the above limited liability company:

- (1) \$55.00 Filing Fee and Certified Copy Fee for the enclosed Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company; and
- (2) \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy Fee for the enclosed Articles of Dissolution for a Limited Liability Company.

Please record these filings in the above order at your earliest possible convenience.

Should you have any questions, please feel free to contact this office.

muchall

Very truly yours,

Margaret Marchell

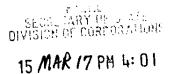
Paralegal

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DIANE CHARAMUT (Name of Limite	, LLC d Liability Company)
The enclosed member, resignation or dissociate	
Please return all correspondence concerning th	is matter to:
Christian R. Hoheb	
(Contact Person)	
Law Office of Christian R. Hoheb (Firm/Company)	
314 Main Street (Address)	
Farmington, CT 06032 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Christian R. Hoheb	nt (_860)678-9345
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to to \$25 Filing Fee □	he Florida Department of State for:
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (2/14)





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 I	imited liability company as it appears on the records of the Florida Department
of State is:	DIANE CHARAMUT, LLC .
2. The Florida docu	ment/registration number assigned to this limited liability company is:
1.1400005815	
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 3/13/2015
4. I, <u>Christian</u> (Print Na	R. Hoheb , hereby withdraw/resign as an ame of Person Resigning)
Authorized M	lember Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Signature of Da	Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)