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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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SECRETARY OF STATE.

K.SALY EXAMINER OCT -8 2015



August 20, 2015

HOLLY HEIGHTS LLC JAMES MURDAKES 953 SW 16TH PLACE FT. LAUDERDALE, FL 33315

SUBJECT: HOLLY HEIGHTS LLC Ref. Number: L14000090200

We have received your document for HOLLY HEIGHTS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

GAIL MURLA LIVING TRUST is listed as MGRM, not GAIL MURLA. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 615A00017587

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HOLLY HEIGHTS LLC			
(Name of Limited Li	ability Company)		
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	natter to:		
JAMES MURDAKES			
(Contact Person)			
HOLLY HEIGHTS LLC			
(Firm/Company)			
953 SW 16TH PLACE			
(Address)			
FT LAUDERDALE, FL 33315			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
JAMES MURDAKES	954 805-6776		
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the l ☐ \$25 Filing Fee ☐ \$	Florida Department of State for: 55 Filing 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		
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)

	limited liability company as it appears on the records of the Florida Department LY HEIGHTS LLC
2. The Florida doc-	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 7/29/2015
4. I, GAIL MURL	A (GAIL MURLA LIVING TRUST) Tame of Person Resigning) Tame of Person Resigning)
MGRM	ane of Leison Resigning
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
bail o	Durla
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)