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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Re	equestor's Name	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Ac	ddress)	
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(Document Number)  Certified Copies Certificates of Status	PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

JAN 1 5 2015 T. CARTER



January 5, 2015

State of Florida
Div. of Corporations
Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Hospitality House, LLC

Dear Sir or Madam:

Enclosed is a Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company in regard to the above entity. Please process at your earliest convenience. Also enclosed is our check in the amount of \$25.00 to cover the filing fees.

Thank you for your assistance in this matter and should you have any questions, please do not hesitate to contact me.

1 N N - A 1

Matthew C. Shapiro, Esquire

SIGNED IN ABSENCE

MCS/bjr Encs.



15 JAN 13 PM 3:54



## 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 pitality House, LLC
ment/registration number assigned to this limited liability company is:
owski, hereby withdraw/resign as a, hereby withdraw/resign as a,
ame of Person Resigning)
Print Title)
oility company and affirm the limited liability company has been notified of my ting.
Zabowski
sociating Member or Resigning Manager
\$25.00 (Required) \$30.00 (Optional)