L14000140718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

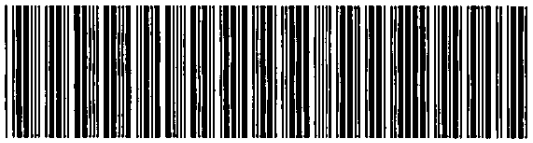
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700264721377

09/29/14--01013--012 **25.00

14 SEP 29 PM 2:38

SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. Lewis
10-8-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIS Properties of St Petersburg P4 LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

william slager jr.
(Contact Person)

HIS Properties of St Petersburg P4 LLC
(Firm/Company)

6900 28 th St S
(Address)

St Petersburg Fl,33712
(City/State and Zip Code)

For further information concerning this matter, please call:

William Slager at (708) 774-8593
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☐ $25 Filing Fee ☐ $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

CR2E079 (2/14)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 SEP 29 PM 2:38

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 it appears on the records of the Florida Department of State is: HIS Properties of St Petersburg P4 LLC.

2. The Florida document/registration number assigned to this limited liability company is: L14000140718.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/12/14

4. I, Carolyn Boss, hereby withdraw/resign as a
(Print Name of Person Resigning)

AP.
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Carolyn D. Boss
Signature of Dissociating Member or Resigning Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (2/14)