LIYOOIY3UZ

(Requestor's Name)
(Address)
(Address)
(City(Clabe (7in)Dhone 4)
(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



600304243156

10/10/17--01024--008 **55.00

THED PERSON

D. SCOTT OCT 11 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HVB Import & Export (Name of Limited Liability Company)	rf, 220
The enclosed member, resignation or dissociation and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter to:	
Ute Brose (Contact Person)	
HUB Import & Export, LCC	
6010 S. Fales Gicle Dr. App. 402	2
Lauderlill, Fl. 33319 (City/State and Zip Code)	2317 007 11
For further information concerning this matter, please call:	ECT -
$\frac{U + Brase}{\text{(Name of Contact Person)}} \text{ at } (\frac{i - 809}{\text{Area Code & Day}})$	
Enclosed please find a check made payable to the Florida Departm \$25 Filing Fee \$\$55 Filing Fee &\$\$	
Registration Section Regis	LING ADDRESS: tration Section ion of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301



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 li	imited liability company a	is it appears on the reco	ords of the Flo	orida Dep	oartment
of State is:	HVB Import	R Export.	LLC		······································
2. The Florida docur	nent/registration number a	assigned to this limited	liability com	pany is:	
47-10	912257				
3. The date this mem	nber/manager withdrew/re	signed or will withdray	 w/resign is:	9/19	<u> 1-201</u> 7
4. I, <u>(14e</u> (Print Nai	3/OSC me of Person Resigning)	, hereby withdra	w/resign as a		
Ince Picsi	<u>rtec.f., Socreto</u> rini Tide)	7			
of this limited liabi	lity company and affirm ting.	he limited liability com			d of my
Lile	main			01 133	4 1 4 14 28 4 14 14 4
Signature of Diss	sociating Member or Resi	gning Manager		00 + 00	B
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		\$.	0.3	