## L14000151906

/Pa	questor's Name)			
(Re	questors Name)	•		
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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	ocument Number)			
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D. SCOTT DEC 1 3 2016

## **COVER LETTER**

TO: Registration Section			•
Division of Corporations	•		
•			
JUST HAY FLORIDA LLC	•		
SUBJECT:	nited Liability Co	ompany)	_
(······· - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
The enclosed member, resignation or dissoci	iation and fee	(s) are submitted for filing.	•
Please return all correspondence concerning	this matter to	:	
Jerry Kaplan			
(Contact Person)		<del>-</del>	
ILST HAN FLORING LA (Firm/Company)	<u>'C</u>	<del>-</del> .	
601 N. CONGRESS AVE	Lens	305	
Delray Beach, FL 33445 (City/State and Zip Code)		_	
For further information concerning this matt	er, please call	:	
Jerry Kaplan	561	450-6606	
(Name of Contact Person)		e & Daytime Telephone Number	<del>-</del>
Enclosed please find a check made payable t  ■ \$25 Filing Fee		Department of State for:  ng Fee & Certified Copy	SECRE TALLAH
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	FILLED  EC 12 PH 12:  METARY OF STATA  ANASSEE, FLORE
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314	2: 17 ORID

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 THAY FLORIDA LLC	s it appears on the records of the F	lorida Department
2. The Florida doc L1400015190	•	ssigned to this limited liability con	mpany is:
		signed or will withdraw/resign is:	
(Print ) Authorized N	lember	, hereby withdraw/resign as	
resignation in-wi	riting.	ne limited liability company has be	een notified of my
Filing Fee:	s25.00 (Required) \$30.00 (Optional)	ming Manager	16 DEC SECRETAL TALLAHAS