L/4000 161 622

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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COVER LETTER

	egistration Section ivision of Corporations		
SUBJEC	301 HARBOR DRIVE SOU	JTH, LLC	
2012,110		imited Liability Co	ompany)
The enclo	sed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please ret	urn all correspondence concernin	g this matter to:	: ·
KATE M	ESIC		
	(Contact Person)		_
	(Firm/Company)		_
6550 ST	AUGUSTINE RD #305		
	(Address)		· -
JACKSC	DNVILLE, FL 32217		
	(City/State and Zip Code)		
For furthe	er information concerning this ma	tter, please call	:
KATE M	ESIC	904 at (619-2510
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed □ \$25 Fil	please find a check made payable ling Fee		Department of State for: g Fee & Certified Copy
STREET	COURIER ADDRESS:		MAILING ADDRESS:
	on Section of Corporations		Registration Section Division of Corporations
Clifton B			P.O. Box 6327
	cutive Center Circle		Tallahassee, Florida 32314
Tallahasse	ee, 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)

	e limited liability company as HARBOR DRIVE SOUTH	it appears on the records of th	e Florida Department		
2. The Florida doc	cument/registration number as	ssigned to this limited liability	company is:		
L1400016162	22				
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign	6-26-19 is:		
KVIING BIG	SHOD				
(Print)	Name of Person Resigning)	, hereby withdraw/resign			
MEMBER					
	(Print Title)				
of this limited li- resignation in w		e limited liability company ha	s been notified of my		
Jan S			19 SEP 10 FALL ARTHURSSEE		
=	\$25.00 (Required)		7 E M		
Certified Copy:	\$30.00 (Optional)		95 40		