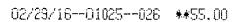
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					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

MAR 0.1 2016 S. YOUNG

COVER LETTER

TO: Regi	stration Section				
Divi	sion of Corporations				
SUBJECT:	HUB PRO SERVICES LL	-C			
	(Name of	Limited Liability Com	pany)	-	
The enclosed	d member, resignation or diss	sociation and fee(s)	are submitted for filing.		
Please return	n all correspondence concerni	ing this matter to:			
LORRIE H	I. WRICE				
	(Contact Person)		•		
HUB PRO	SERVICES LLC				
	(Firm/Company)		•		
P.O. BOX	14824				
	(Address)		•	ह	SEC
NORTH PA	ALM BEACH FLORIDA, 33	3408		FEB 2	WHW WHAN
	(City/State and Zip Code)		•	29	238.E
For further i	nformation concerning this m	natter, please call:		PM 5:	
LORRIE W	RICE	561	603-9477	5: 47	設語
(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	_	
Enclosed plo	ease find a check made payab g Fee		epartment of State for: 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)



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 De	epartmer	nt
of State is: HUE	PROFESSINAL SERVIC	ES, LLC		
2. The Florida doc	ument/registration number as	ssigned to this limited liability company is	:	
L1400016628	8		: *	SE
		igned or will withdraw/resign is:	016 33 PM	LAHASSEE.
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a		
ASSISTANT MANAGER			5: 47	FLORE
	(Print Title)			Ţ.
of this limited lia resignation in wr		e limited liability company has been notifi	ied of my	у
Signature of Di	issociating Member or Resig	ning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			