

L14000178316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

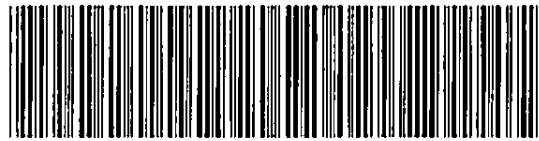
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FALL AR. SECRETARY

*Law Offices of*  
**Kimmel & Batson**  
CHARTERED

**ROBERT R. KIMMEL**  
Florida Bar Board Certified:  
Marital and Family Law  
E-mail: bob@kimbat.com

**SUSAN CROCKETT BATSON**  
Florida Bar Board Certified:  
Wills, Trusts & Estates  
E-mail: susie@kimbat.com

22  
November 21, 2024

**VIA USPS DELIVERY**

Registration Section  
Division of Corporations  
P.O. Box. 6327  
Tallahassee, FL 32314

RE: Holley Pines, LLC  
Document Number: L14000178316

Dear Sir/Madam:

We enclose our \$25 filing fee for filing new paperwork regarding this existing LLC.

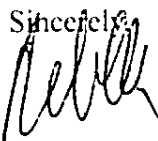
We are providing you paper copies and are e-filing electronic copies of your form relating to Dissociation or Resignation of Member or Manager.

The two parties have completed a Dissolution of Marriage action with a signed agreement which is registered with Clerk of the Court in Santa Rosa County.

Thereafter, each signed documents relating to "Assignment of LLC Interest".

That Assignment was executed by both of the member/managers in the presence of two (2) witnesses each.

If you would like to have copies of the actual Mediated Settlement Agreement (which contains the signatures of the parties agreeing to all the above) we would be happy to provide the same.

Sincerely,  


Robert R. Kimmel

RRK/alb

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Holley Pines, 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:

Craig Heckman  
(Contact Person)

Holley Pines, LLC  
(Firm/Company)

6029 Players Place  
(Address)

Milton, Florida 32570  
(City/State and Zip Code)

For further information concerning this matter, please call:

Craig Heckman at ( 520 ) 850-6044  
(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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: Holley Pines, LLC

2. The Florida document/registration number assigned to this limited liability company is: L14000178316

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/3/2024

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

Title MGR

(Print Title)

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

SEE ATTACHED

Signature of Dissociating Member or Resigning Manager

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