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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Bradhart Group, LLC		
(Name of Lin	nited Liability Co	ompany)
The enclosed member, resignation or dissoc	iation and fee((s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
Alan Eberhart		
(Contact Person)		
The Bradhart Group, LLC		
(Firm/Company)		
P.O. BOX 24412		
(Address)		_
Jacksonville, FL 32241		
(City/State and Zip Code)		
For further information concerning this matter	ter, please call	:
Alan Eberhart	412 at (897-4796
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable ☐ \$25 Filing Fee		Department of State for: g Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

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

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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

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 it appears on the records of the Florida Department Bradhart Group, LLC
2. The Florida doci	ument/registration number assigned to this limited liability company is:
L1500000317	5
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Pelagia K. B	, hereby withdraw/resign as a ame of Person Resigning)
(Print N	ame of Person Resigning)
Member	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Part.	Bruf
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)