L150000 21283

(Re	questor's Name)	
(110	quodior o riumo,	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		ľ

Office Use Only



500343896555

05/13/20-+01006--002 **25.00

2020 1"Y 13 AH 11:40

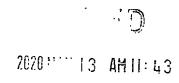
C GOLDEN
JUH - 2 2020

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: H3 Equity LLC	
(Nai	me of Limited Liability Company)
The enclosed member, resignation o	r dissociation and fee(s) are submitted for filing.
Please return all correspondence con	icerning this matter to:
Chad A. Justice	
(Contact Person)	
H3 Equity LLC	
(Firm/Company)	
1205 N Franklin St, Suite 326	
(Address)	
Tampa, FL 33602	
(City/State and Zip Co	xle)
For further information concerning t	his matter, please call:
Chad A. Justice	813 566-0550 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made p	payable to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 Department
of State is:	
2. The Florida doc 1.15000021283	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: April 1, 2020 May 10*
4. I. Branden	Robert Larkin , hereby withdraw/resign as a came 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.
B.	
Signature of Di	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)