

215000036632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

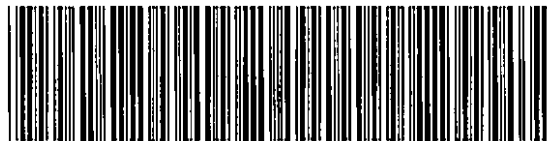
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUG 03 2018  
S. YOUNG

18 JUL 27 AM 11:14  
SOL. Pkt. of STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Husvision 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:

Desmond Phillips  
(Contact Person)

Husvision LLC  
(Firm/Company)

850 Palm Hill Drive Apt G  
(Address)

West Palm Beach, FL 33415  
(City/State and Zip Code)

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REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Desmond Phillips at ( 561 ) 989-4743  
(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

**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



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: HUSVISION LLC

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

L15000036632

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/24/18

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

Title Manager  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

FILED  
18 JUL 27 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA