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(Re	equestor's Name)			
(Ac	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
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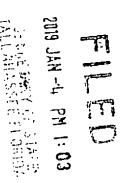
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O PRUCE JAN 12 2019

COVER LETTER

SUBJECT:	HELMK, LLC					
	(Name of Lir	nited Liability Co	empany)			
The enclose	d member, resignation or dissoc	iation and fee(s) are submitted for filing.			
Please return	n all correspondence concerning	g this matter to	:			
John D. O'	Neill, Esq.		_			
	(Contact Person)					
John D. O'	Neill, P.A.	_				
	(Firm/Company)					
44 Cocoar	nut Row, Ste. M209	_				
	(Address)			芸術	2019	-
Palm Bead	ch, FL 33480				7- HYF 6102	
	(City/State and Zip Code)			の統領	1.	
For further	information concerning this ma	tter, please cal	l:		P	fram fram
John O'Ne	eill	561 at (366-1212		1: 03	٠,٠
(Name of Contact Person)	(Area Co	de & Daytime Telephone Nu	mber)		

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)

	limited liability company as it MK, LLC	t appears on the records of the Florida Depa	rtment	
2. The Florida doci	•	igned to this limited liability company is:		
Matata a 1 a di	and Kudantan	ned or will withdraw/resign is: Decembe	er 4 , 2018	3
Authorized M	ember ———————	, hereby withdraw/resign as a		
of this limited lia resignation in wr Signature of D	ssociating Member or Resigni	limited liability company has been notified	200 JAN -4 PM 1:0]
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	en e	ယ	