

45000078501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000284872050

04/28/16--01013--012 **25.00

FILED

16 APR 28 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/29/16 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HMI CONCRETE, 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:

TO: R. MICHAEL GUERRERO
(Contact Person)

SUBJECT: _____
(Firm/Company)

102 E MAGNOLIA ST
(Address)

BUNNELL, FL 32110
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL GUERRERO at (386) 333-4362
(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

FILED
16 APR 28 PM 4:41
SECRETARY 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: H M I CONCRETE, LLC

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

L15000078501

3. The date this ~~member~~ manager ~~withdrew~~ resigned or will ~~withdraw~~ resign is: APRIL 25, 2016

4. I, DAVID D CARY, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

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

David D Cary
Signature of Dissociating Member or Resigning Manager

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

FILED
16 APR 28 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA