	30058
(Requestor's Name)	
(Address)	
(Address)	700324623797
(City/State/Zip/Phone #)	
	02/28/1901009023 ** 25.00
(Business Entity Name)	
(Document Number)	Terrer 19 F
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COVER LETTER

TO: Registration Section Division of Corporations

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Hub 925 LLC (Name of Limited Liability Company) SUBJECT:

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Piper Houd Hub 925 7913 Bridgestone Dr. Orlando, FL 32835

For further information concerning this matter, please call:

(Name of Contact Person) at (<u>407</u>) <u>701.6075</u> (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations *Clifton Building* 2664 Executive Center Urcle 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

DISSUCIATION 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: Hub 925 LLC

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

L15/1000 80058

- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/11/194. 1. $P_{1}\rho \rho + 00d$, hereby withdraw/resign as a (Print Name of Person Resigning)

Member IMGR.

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

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)

