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COPPINS MONROE, P.A.

ATTORNEYS AT LAW

WILLIAM B. ARMISTEAD, ESQ. warmistead@coppinsmonroe.com

October 19, 2022

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Dissociation Form

Dear Sir/Madam:

Please see attached dissociation form and filing fee. Please let me know if you have questions or need addition information

Very truly yours,

COPPINS MONROE, P.A.

William B. Armistead

For the Firm

www.CoppinsMonroe.com

COVER LETTER

| TO: | | stration Section | | |
|---------------|----------|-------------------------------|---------------------|----------------------------------|
| | Divis | sion of Corporations | | |
| SUBJ | ECT: | M&M Hardy, LLC | | |
| | | (Name of | Limited Liability C | Company) |
| The ci | nclosed | d member, resignation or diss | ociation and fed | e(s) are submitted for filing. |
| Please | retun | all correspondence concern | ing this matter to | 0: |
| Will A | rmistea | d | | |
| | | (Contact Person) | | <u> </u> |
| Coppin | is Monr | oc, P.A. | | |
| | | (Firm/Company) | | |
| 1319 T | homasy | wood Drive | | |
| | | (Address) | | |
| Tallaha | assee, F | L 32308 | | |
| | | (City/State and Zip Code) | | |
| For fu | rther i | nformation concerning this n | natter, please cal | II: |
| Will A | rmistead | d | 850 at (| 422-2420 |
| | (N | Jame of Contact Person) | | de & Daytime Telephone Number) |
| Enclos | sed ple | ease find a check made payab | le to the Florida | Department of State for: |
| ≡ \$25 | 5 Filin | g Fee | □ \$55 Fili | ing Fee & Certified Copy |
| | Mailir | ng Address: | | Street Address: |
| | Regis | stration Section | | Registration Section |
| | | sion of Corporations | | Division of Corporations |
| | | Box 6327 | | The Centre of Tallahassee |
| | Lalia | hassee, 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)

| | limited liability company as it appears on the records of the Florida Department M Hardy, LLC |
|---------------------|--|
| | ument/registration number assigned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: |
| Michael Joseph (| |
| Manager / Membe | |
| | Print Title) |
| resignation in wri | bility company and affirm the limited liability company has been notified of my ting. Sociating Member or Resigning Manager |
| | \$25.00 (Required) \$30.00 (Optional) |