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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARLOTTE ENTERPRISES, 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:

CHARLOTTE RASCHKE

(Contact Person)

HARLOTTE ENTERPRISES, LLC
(Firm/Company)

11110 WINN RD

(Address)

RIVERVIEW, FL 33569

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLOTTE RASCHKE

(Name of Contact Person)

at 813 365-0959

(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

CR2E079 (2/14)

MAILING ADDRESS:

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



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2015 JUL 15 PM 12:43

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: HARLOTTE ENTERPRISES, LLC

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

L15 000 114981

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/10/2015

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

AMBR

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: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)