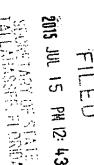
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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	TO: Registration Section			
	Division of Corporations		المير (1 ماس د - ا	•
	HADI OTTE ENTEDDOISE	e 1		
	SUBJECT: HARLOTTE ENTERPRISE	:5, L		
	SUBJECT: (Name of Lin	mited	Liability C	ompany)
	The enclosed member, resignation or dissoc	ciatio	n and fee	e(s) are submitted for filing.
	Please return all correspondence concerning	g this	matter to	o: [^]
	CHARLOTTE RASCHKE			
	(Contact Person)			
	HACLOTTE FATERISCS, L.	L (_
	11110 WINN RD			
	(Address)			_
	RIVERVIEW, FL 33569			
	(City/State and Zip Code)	• • • •		_
	For further information concerning this mat	tter, p	olease cal	1:
	CHARLOTTE RASCHKE	at	₍ 813	365-0959)
	(Name of Contact Person)		(Area Co	de & Daytime Telephone Number)
	Enclosed please find a check made payable \$25 Filing Fee	to th	ne Florida 1 \$55 Fili	Department of State for:
				- **
<i></i>	STREET/COURIER ADDRESS:			MAILING ADDRESS:
	Registration Section		1	Registration Section
/	Division of Corporations			Division of Corporations
	Clifton Building	•		P.O. Box 6327
	2661 Executive Center Circle			Tallahassee, Florida 32314
\	Tallahassee, Florida 32301			
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CR2E079 (2/14)



FILED 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)

	limited liability company as	it appears on the records of the Florida Department
	ument/registration number as	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:
HAROLD GUSSMAN		, hereby withdraw/resign as a
AMBR		
resignation in wr		ne limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	<u></u>