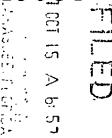
## L15000191474

(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:

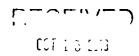
Office Use Only



300319373003



10/16/18--01026--015 \*\*25.00



## **COVER LETTER**

CR2E079 (2/14)

TO:	Registration Section Division of Corporations	
SUBJ	HAS-BEENS LLC	
	(Name of Limited	ed Liability Company)
The er	nclosed member, resignation or dissociati	tion and fee(s) are submitted for filing.
Please	e return all correspondence concerning thi	nis matter to:
RUS	SEL SPIVEY	
	(Contact Person)	
HAS-	BEENS LLC	ins matter to:
	(Firm/Company)	
117 E	B BROADWAY	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	(Address)	
KISS	IMMEE, FL 34741	
	(City/State and Zip Code)	
For fu	orther information concerning this matter.	: please call:
RUS	SELL SPIVEY	321 250-0798 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	sed please find a check made payable to t 5 Filing Fee ——————————————————————————————————	the Florida Department of State for:  S55 Filing Fee & Certified Copy
	EET/COURIER ADDRESS:	MAILING ADDRESS:
_	tration Section	Registration Section
	ion of Corporations	Division of Corporations P.O. Box 6327
	n Building Executive Center Circle	Tallahassee, Florida 32314
	nassee, Florida 32301	rananassee. Fiorida 32314



## 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	ne limited liability company as it appears on the records of the Florida Department
of State is: HA	S-BEENS LLC
2. The Florida do	cument/registration number assigned to this limited liability company is:
L150001914	
3. The date this π	nember/manager withdrew/resigned or will withdraw/resign is:
4. I, BANKS MIL	LER, hereby withdraw/resign as a
, <del></del>	Name of Person Resigning)
MGR	
	(Print Title)
of this limited li	ability company and affirm the limited liability company has been notified of my riting.
1) ~	
Signature of I	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)