

L15000211169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

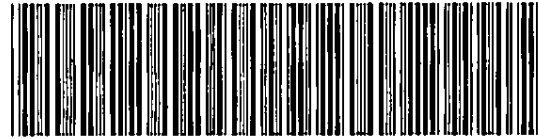
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 APR 12 AM 12:47  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Huston Management 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:

Shimon Mazar

(Contact Person)

Huston Management LLC

(Firm/Company)

8320 W Sunrise Blvd., Suite 207

(Address)

Plantation, FL 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

Shimon Mazar

954 397-3967  
at ( )

(Name of Contact Person)

(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**

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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)

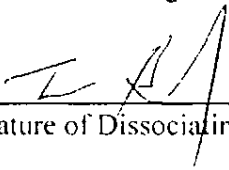
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Huston Management LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000211169

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/10/2020

4. I, Tom Huston, Jr., hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Member and Manager  
*(Print Title)*

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)

2020 APR 12 AM 12:47  
TALLAHASSEE, FLORIDA