## 116000050019

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT M	AIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status _		
Special Instructions to Filing Officer:		





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11/27/17--01021--018 \*\*25.00

FILED:

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
	Division of Corporations		
SUBJ	MH & GK, LLC		
	(Name of Limited	d Liability Cor	npany) ,
The er	nclosed member, resignation or dissociati	on and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning thi	is matter to:	
RUS	SELL M. HAYSON, ESQ.		
	(Contact Person)		_
PALL	OTTO & HAYSON, P.A.		
	(Firm/Company)		_
7777	-A DAVIE ROAD EXT., SUITE 100A		
	(Address)	<del>, ,</del>	_
HOLI	LYWOOD, FLORIDA 33024		
	(City/State and Zip Code)		_
For fu	arther information concerning this matter,	please call:	
RUS	SELL M. HAYSON, ESQ./RACHEL	954 it (	966-0881
	(Name of Contact Person)	·	& Daytime Telephone Number)
	sed please find a check made payable to t 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section ion of Corporations		Registration Section Division of Corporations
	on Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

17 NOV 27

## 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:	H & GK, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L160000500	19
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: 400/2017
4. 1,	HEBY, hereby withdraw/resign as a lame of Person Resigning)
PRESIDENT	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	M
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)