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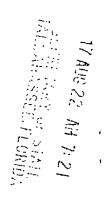
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:		tion Section of Corporations				
CUD	Th	The Hope Group, LLC (Name of Limited Liability Company)				
SUB	JECI:					
The o	enclosed m	ember, resignation or	dissociation	and fee(s)	are submitted for filing.	
Pleas	se return al	l correspondence con	cerning this	matter to:		
Mail	ka Fernan	dez			_	
	-	(Contact Person)				
The	Hope Gr	oup, LLC			_	
		(Firm/Company)		-		
201	Thornbe	ry Branch Lane			_	
		(Address)				
Day	ytona Bea	ch, FL 32124			_	
		(City/State and Zip Co	ode)		-	
For	further inf	ormation concerning t	this matter. p	olease call:		
lrei	ne Yates	Yeats	at	386	299-9995 2 & Daytime Telephone Number)	
		ne of Contact Person)		(Area Code	& Daytime Telephone Number)	
	losed pleas \$25 Filing		payable to th	ne Florida I 1 \$ 55 Filin	Department of State for: g Fee & Certified Copy	
Reg Div Cli 260	gistration S vision of C fton Buildi S1 Executiv	orporations			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



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:	The Hope Group, LLC.
2. The Florida docu	iment/registration number assigned to this limited liability company is:
11600011	<u>6953</u>
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 8-18-17
4. I. Irene (Print No	A. Yeat S, hereby withdraw/resign as a., hereby withdraw/resign as
Managi	na Member.
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Diene	a. 4ca4s
-Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)