

L16 0000116953

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

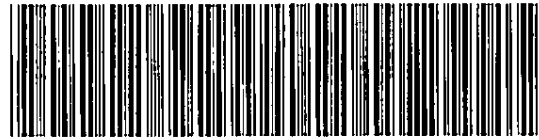
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/06/21--01016--017 \*\*55.00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hope Group 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:

Melody Cadogan Lankford

(Contact Person)

Lankford Law Firm

(Firm/Company)

140 S Beach Street *Sfc. 310*

(Address)

Daytona Beach, FL ~~32104~~ *32114*

(City/State and Zip Code)

For further information concerning this matter, please call:

Melody Cadogan Lankford

(Name of Contact Person)

850

2647004

at ( )

(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 - *check 585*

**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: Hope Group LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000116953

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/17/2021

4. I, Ebonie C Wallace, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Ebonie Wallace

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)