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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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18 JUL 16 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CONCLUSIONS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HRC DEVELOPMENT 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:

LUANN THOMAS

(Contact Person)

LUANN THOMAS INC

(Firm/Company)

2170 KEARNEY AVE

(Address)

NAPLES, FL 34117

(City/State and Zip Code)

For further information concerning this matter, please call:

LUANN THOMAS

(Name of Contact Person)

239

at ( )

348-9966

(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



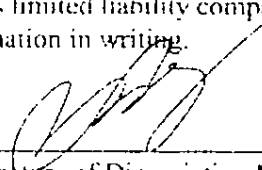
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

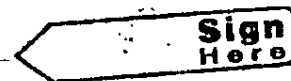
**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

**FILED**  
**18 JUL 16 PM 2:19**  
**SECRET OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HRC DEVELOPMENT LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L16000129605
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/14/2018
4. i. NATALJA HENNIG, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AMBR  
*(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)