

L16000142801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

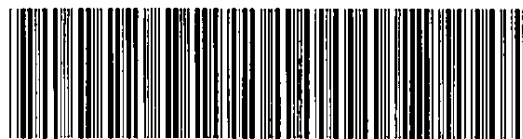
(Business Entity Name)

(Document Number)

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

n BRUCE  
JUL 03 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Haycox 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:

Rachele Hay  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

4104 NE 15th PL  
(Address)

CAPE CORAL FL 33909  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rachele Hay at (239) 649-2685  
(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

**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

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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: Haycox LLC

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

L160000142801

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/20/17

4. I, Rachele Hay, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Person / Mgr.  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

FILED  
JUN 20 2017  
FID 3:23  
TALLAHASSEE, FLORIDA