116000172202

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
Mactive				

Office Use Only

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K. SALY AUG 3 1 2018



July 16, 2018

HATCHET CREEK BUSCUIT COMPANY, LLC OMAR OSELIMO 2826 NE 19TH DR. GAINESVILLE, FL 32609

SUBJECT: HATCHET CREEK BUSCUIT COMPANY LLC

Ref. Number: L16000172202

We have received your document for HATCHET CREEK BUSCUIT COMPANY LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2017 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at our www.sunbiz.org. Please select 'Reinstatement' under the 'Filing Services' menu and then click on the 'File Reinstatement' button and follow the prompts. You will have the option to pay by credit/debit card; or by check or money order.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 918A00014588

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	Hatchet Creek Buscuit Company, LLC				
.,, ., ., ., .,	(Name of Limited Liability Company)				
The er	nclosed member, resignation or dissocia	ition and fee(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to:			
Omai	r Oselimo				
	(Contact Person)		-		
Hatch	net Creek Buscuit Company, LLC				
	(Firm/Company)		-		
2826	NE 19th Drive				
	(Address)	,	-		
Gaine	esville, FL 32609				
	(City/State and Zip Code)				
For fu	rther information concerning this matte	r, please call:			
Arpita	a Oselimo	352	870-7774		
	(Name of Contact Person)		& Daytime Telephone Number)		
	sed please find a check made payable to 5 Filing Fee		Department of State for: Fee & Certified Copy		
Regist Divisi Clifto 2661	ET/COURIER ADDRESS: tration Section ton of Corporations in Building Executive Center Circle hassee, Florida 32301		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)

	limited liability company as chet Creek Buscuit Compa	it appears on the records of the Florida Department ny, LLC
2. The Florida doc	ument/registration number as	signed to this limited liability company is:
L1600017220	2	
3. The date this mo	ember/manager withdrew/resi	gned or will withdraw/resign is: 6/30/2018
	no	, hereby withdraw/resign as a
(Print N	Same of Person Resigning)	
Manager		
	(Print Title)	
of this limited lia resignation in wr	• •	e limited liability company has been notified of my
all		
Signature of D	issociating Member or Resign	ing Manager
<u>~</u>	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	