116000 209 274

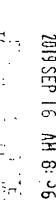
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
(==,,======,,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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Y SULKER SEP 2 5 2019

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HOOD Investme	AT LLC y Company)		
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	r to:		
Martha Obreson			
Abob Investment LLC			
18921 NW 58+			
Pembroke Pinos H (City/State and Zip Code)	33029		
For further information concerning this matter, please call:			
Marth Obreson at (30) (Name of Contact Person) (Area)	Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Flori \$25 Fiting Fee \$55 F	ida Department of State for: Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301



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 it appears on the re	
of State is:	Hoob Investment LL	<u></u>
2. The Florida docu	iment/registration number assigned to this limit	ted liability company is:
	6000209274	,
3. The date this me	mber/manager withdrew/resigned or will withd	raw/resign is:
	dame of Person Resigning), hereby without	draw/resign as a
		2019 SEP
Manage	(Print Title)	SEP .
	bility company and affirm the limited liability c	company has been notified of
resignation in wr	iting.	
	Ohagon	
Signature of Di	issociating Member or Resigning Manager	·
Filing Fee:	\$25.00 (Required)	
Certified Conv.	\$30.00 (Optional)	