117000037940

| | (Requestor's Name) | | | | |
|------------------------|-----------------------------|--|--|--|--|
| | (Address) | | | | |
| | (Address) | | | | |
| | (City/State/Zip/Phone #) | | | | |
| PICK-U | P WAIT MAIL | | | | |
| (Business Entity Name) | | | | | |
| | (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instruction | s to Filing Officer: | | | | |
| Y 30 PM 4: 32 | ASSEE, CLOREDA | | | | |
| X | ○ Section 2 Office Use Only | | | | |



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MAY 3 1 2017 Y SULKER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Hey Jude Limo and Tours, 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: |
| Jude Civil (Contact Person) |
| (Firm/Company) |
| 6720 Camelia Drive |
| Miramur, FL 33023 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Tude Civil at (786) 380-9846 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sum{25}\$ Filing Fee & Certified Copy} |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle 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)

| 1. The name of the lir | nited liability company as it a | ppears on t | the records of the Fl | orida Department |
|---|--|--------------|-----------------------|-------------------|
| of State is: He | y Jude Limo | and | Tours, La | <u>LC</u> . |
| 2. The Florida docum | ent/registration number assign | ned to this | limited liability com | npany is: |
| L17000 | 0037940 | _• | | |
| 3. The date this members | ber/manager withdrew/resigne | d or will w | vithdraw/resign is: _ | 到了 |
| 4.1, Marck Print Nam Memb | JOSEPW ne of Person Resigning) | _, hereby v | withdraw/resign as a | SSEE. FLORING |
| | int Title) | | | RIDA |
| of this limited liabil resignation in writing | ity company and affirm the ling. | nited liabil | lity company has be | en notified of my |
| 11/ | 2 | | | |
| Signature of Diss | ciating Member or Resigning | Manager | | |
| _ | \$25.00 (Required) \$30.00 (Optional) | | | |