

L17000053646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



300304777463

10/24/17--01015--001 **25.00

FILED
2017 OCT 23 PM 5:00
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/24/17 BY SP-10/24/17

FILED

2017 OCT 23 AM 8:00

FILED

K. SALLY
OCT 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hotel Hopping 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:

Clark Rosen

(Contact Person)

Rosen Associates

(Firm/Company)

2665 S Bayshore Drive, Suite 605B

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Juani Amago

(Name of Contact Person)

at (305) 537-4908

(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

FILED
2017 OCT 23 PM 5:00
CLERK OF THE COURT
JANUARY 1, 1900

**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: HOTEL HOPPING LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000053646
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/17/2017
4. I, Clark Rosen, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member
(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)