117000112790

(Requestor's Name)
(requestor o riume)
(Address)
(vidicus)
(Address)
(Address)
(City (Chata Tin (Dhana 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration A. Eiline Officer
Special Instructions to Filing Officer:

Office Use Only



000378644770

01/04/22--01006--016 **55.00



COVER LETTER

TO: Registration Section Division of Corporations	
HALO ENERGY LLC SUBJECT:	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this t	natter to:
HILA ATLAN	
(Contact Person)	······································
HALO ENERGY LLC	
(Firm/Company)	
3400 N HILLS DR	
(Address)	
HOLLYWOOD FL 33021	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
CHRISTOPHER LAZARO	8782288
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the □ \$25 Filing Fee □ \$25	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303



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	• •	s of the Florida Department
2. The Florida doc:	ument/registration number a	ssigned to this limited lia	bility company is:
CHRISTYDRUER	ember/manager withdrew/res J. LAZARO Jame of Person Resigning)		
Director	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the	he limited liability compa	ny has been notified of my
Signature of Di	ssociating Member or Resig	gning Manager	-
	\$25.00 (Required) \$30.00 (Optional)		. U: DS