117000178458

(Re	equestor's Name)			
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
<u></u>	, WAIT	<u>_</u>		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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04/05/21--01023--020 **25.00

2021 APR -5 PH 4: 1/2

D. BRUCE MAY 25 2021

COVER LETTER

-	ration Section on of Corporations		·	
SUBJECT:	HASK LLC			
	(Name of l	imited Liability Co	ompany)	
The enclosed	member, resignation or diss	ociation and fee((s) are submitted for filing	
Please return	all correspondence concerni	ng this matter to	:	
Chris Hill				
_	(Contact Person)		_	
HASK LLC				
	(Firm/Company)			
2891 Stone Ave	٤			. ~
	(Address)		_	2021 APR
Deland, Fl 327	20			
<u></u>	(City/State and Zip Code)			
For further in	formation concerning this m	natter, please call	l:	
Chris Hill		904 at (907 4520	7.1.7.7
(Na	ame of Contact Person)		le & Daytime Telephone Nu	mber)
Enclosed plea \$25 Filing	ase find a check made payab y Fee		Department of State for: ng Fee & Certified Copy	·
Mailing Address: Registration Section		Street Address: Registration Section		
P.O. I	ion of Corporations Box 6327 hassee, FL 32314		Division of Corporation The Centre of Tallahass 2415 N. Monroe Street. Tallahassee, FL 32303	sec

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)

of State is:	any as it appears on the records of the Florida Department
2. The Florida document/registration nun	nber assigned to this limited liability company is:
L17000178458	
3. The date this member/manager withdr	ew/resigned or will withdraw/resign is: January1st 2021
	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Member	
(Print Title)	 '
of this limited liability company and af resignation in writing.	firm the limited liability company has been notified of my

Signature of Dissociating Member or Resigning Manager

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)