## L17000236710

(Requestor's Name)	
(Address)	
(Address)	
, ,	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(200///000 2/////, //00///00/	
(5)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer.	
Special instructions to 1 lining Officer.	





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08/21/23--01025--022 \*\*50.00

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## COVER LETTER

TO: Registration Section		
Division of Corporations		
H&A Packing LLC SUBJECT:		
	imited Liability Con	npany)
The enclosed member, resignation or disso	ociation and fee(s	) are submitted for filing.
Please return all correspondence concerning	ng this matter to:	
David Michael Hill, Jr.		
(Contact Person)		-
H&A Packing LLC		
(Firm Company)		-
8151 Jones Avenue		
(Address)	<del></del>	-
Mount Dora, FL 32757		
(City/State and Zip Code)		-
For further information concerning this ma	atter, please call:	
Michelle Jones	407 at (	687-3652
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payabl	e to the Florida I	Department of State for;
■ \$25 Filing Fee	S55 Filing	Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

2023 AUG 21 AM 7: 21

TATLAHAUSTE PARALIAT

## 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 records of the Florida Department
of State is:	Packing LLC
2. The Florida doc: (.17000236779	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I.	, hereby withdraw/resign as a large of Person Resigning)
(Print N	lame of Person Resigning)
VP	
<del></del>	(Print Fille)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	issociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

CR2E079 (2/14)