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| (Re | equestor's Name) | | | | | |
|---|--------------------|-------------|--|--|--|--|
| (Ac | ldress) | | | | | |
| (Ac | ddress) | | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | usiness Entity Nan | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: HICKORY LANE 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: | |
| Janie Powell (Contact Person) | |
| (Contact Person) | |
| Hickory Lane LLC (Firm/Company) | |
| 1002 W State Road 436 Ste 1000 Attanome Prings, FC 3274 | |
| Alternarde Springs FC 32714 (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Tamie Powell at (407) 637-5769 (Name of Contact Person) (Area Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee | |
| 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 | |

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)

| 1. The name of the | limited liability company as it | appears on the records of the | Florida D | Department |
|--|--|----------------------------------|---------------------|--------------------|
| of State is: H | Chory Lanelle | 2 | | · |
| 2. The Florida docu | ument/registration number assi | gned to this limited liability c | ompany is | s: |
| L18000 | 1043739 | | | |
| 3. The date this me | mber/manager withdrew/resign | ned or will withdraw/resign is | : <u> </u> | 1 2nd, 2018 |
| | lame of Person Resigning) | | | |
| manag | CPrint Title) | | | |
| of this limited lia resignation in wr | bility company and affirm the liting. | limited liability company has l | been , notif | fied of my |
| S | | | þ. | |
| Signature of Di | ssociating Member or Resignin | ng Manager | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 14. 14. 18. | 5- © |