## 118000053847

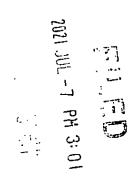
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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07/07/21--01036--005 \*\*25.00



BOISMAIN

JUL 28 2021 ALBRITTON

## **COVER LETTER**

~	tration Section on of Corporations	
SUBJECT:	CHEESE IN I	ted Liability Company)
The enclosed	member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:
	TIAS MONASTIRSING (Contact Person)	
MMM	MANAGEMENT OF	OUP LIC
323	5 2181 AVENUE  (Address)	BIE C
Horry	VOOP RORIDA 33	3020
For further in	formation concerning this matte	er, please call:
MATIAS (Na	MONASTIPSKY ume of Contact Person)	at (954) 505 - 3219 (Area Code & Daytime Telephone Number)
Enclosed plea  ✓ \$25 Filing		the Florida Department of State for:  S55 Filing Fee & Certified Copy
Regist Divisi P.O. E	e Address: cration Section on of Corporations Box 6327 cassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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:	HEESE INVESTMENT LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
11800	00053847
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 1-1-2017
	GENENT VENTURE LLC, hereby withdraw/resign as a lame of Person Resigning)
MANAG	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	A
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)