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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
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COVER LETTER

Tailahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: 444 HENDRICKS-501, LLC		
	ed Liability Cor	npany)
The enclosed member, resignation or dissocia	tion and fee(s	s) are submitted for filing.
Please return all correspondence concerning the	his matter to:	
Roger M Pomerance		
(Contact Person)		_
FEC Services, LLC		
(Firm/Company)	<u> </u>	_
1900 NW Corporate Blvd, Suite 201E (Ea	ast Bldg)	
(Address)		_
Boca Raton, FL 33431		
(City/State and Zip Code)		_
For further information concerning this matter	r, please call:	
Roger M Pomerance	561	998-8047
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 l	imited liability company as i	t appears on the records of the Florida Depa	rtmen
of State is:	HENDRICKS-501, LLC		6
			18 000 12 8
3. The date this men	nber/manager withdrew/resiq	signed to this limited liability company is:	-3: -5: -3:
4. I, FEC Services	, LLC, a Florida LLC	, hereby withdraw/ resign as a	7
sole member			
of this limited liab		Ilimited liability company has been notified The Services UC Jing Manager	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		