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(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	#)			
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(Bu	siness Entity Nam	ne)			
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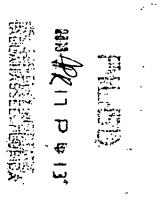


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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: UHO, LLC		
(Name of Limited	Liability Con	ppany)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:	
Danelle Hoffer		
(Contact Person)	-	-
UHO, LLC		
(Firm/Company)		•
525 West Plant Street		
(Address)		-
Winter Garden, FL 34787		
(City/State and Zip Code)		-
For further information concerning this matter,	please call:	
Danelle Hoffer	407	6053500
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee Florida 32314
2661 Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 of State is:	e limited liability company as in	t appears on the records of th	ne Florida Department
2. The Florida doc	ument/registration number ass	igned to this limited liability	company is:
	ember/manager withdrew/resig	 med or will withdraw/resign	March 8, 2019
One Internat	ional Investments, LTD Name of Person Resigning)		
Director	·		
	(Print Title) bility company and affirm the iting.	limited liability company ha	s been notified of my
Signature of Di	ssociating Member or Resigni	ng Manager	D
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		