## L18000159367

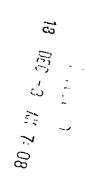
(Requestor's Name)		
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PICK-UP WAIT MAIL		
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Special Instructions to Filing Officer:		
Filedto #L18000153367 in error		
on part of this office. Document indicated incorrect document number.		
Record corrected 12/13/18 by O. Simmons		
and M. Milligan		

Office Use Only



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O SIMMONS DEC 0 & 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations Heartwood Wealth Management LLC SUBJECT: (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: Kathryn Long (Contact Person) Heartwood Wealth Management LLC (Firm/Company) 1419 Reid Street (Address) Palatka FL 32177 (City/State and Zip Code) For further information concerning this matter, please call: Kathryn Long (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Lo

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

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1. The name of th	e limited liability comp	oany as it appears on the records of the Florida Department
of State is: He	artwood Wealth Mana	agement LLC
2. The Florida do	cument/registration nur	mber assigned to this limited liability company is:
L180001533	67	
3. The date this n	nember/manager withdr	rew/resigned or will withdraw/resign is:
4. I. Robert J M	ills	, hereby withdraw/resign as a
(Print	Name of Person Resigning	
AMBR		
	(Print Title)	<del></del>
of this limited l resignation in v		ffirm the limited liability company has been notified of my
40	1111	
Signature of	Dissociating Member o	r Resigning Manager
Filing Fee:	\$25.00 (Required	)

\$30.00 (Optional)

Certified Copy: