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(кед	uestor's Name)			
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PICK-UP	<b>■</b> WAIT	MAIL		
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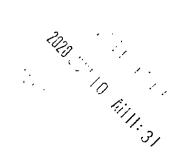
JUN 3 9 2020 LALBRITTON

## **COVER LETTER**

Division	of Corporations					
SUBJECT:	HIFIVE CREATIVE,	LLC				
SUBJECT	(Name	(Name of Limited Liability Company)				
The enclosed m	ember, resignation or d	issociation	and fee(	s) are submitted for filing.		
Please return all	correspondence conce	rning this	natter to	:		
CHRIS DEL.	AHOZ					
	(Contact Person)	·		_		
HIFIVE CRI	EATIVE. LLC					
	(Firm/Company)			_		
3018 CORR	INE DIVE					
	(Address)			_		
ORLANDO,	FL 32803					
	(City/State and Zip Code)	<u>.</u> I		_		
For further infor	rmation concerning this	matter, pl	ease call	:		
CHRIS DELAH	oz	at (	407	468-8405		
(Name	e of Contact Person)			e & Daytime Telephone Number)		
•	• •			Department of State for:		
■ \$25 Filing Fe	ee		\$55 Filin	g Fee & Certified Copy		
Mailing A				Street Address:		
	tion Section			Registration Section		
Division P.O. Box	of Corporations			Division of Corporations		
- · · <del>-</del> · ·	see, FL 32314			The Centre of Tallahassee		
rananas	SCC, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

**TO:** Registration Section





## 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)

н	e limited liability company as it	appears on the records of the Florida Department
2. The Florida doc L1800018109.		gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is:
4. I, AUGUSTINE SULSER		, hereby withdraw/resign as a
	Name of Person Resigning)	, hereby withdraw/resign as a
MGR		
<del></del>	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
Signature of D	issociating Member or Resignii	ng Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	