L18000243123

(Requestor's Name)				
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(Ci	ty/State/Zip/Phone	: #)		
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COVER LETTER

_	distration Section ision of Corporations	,	•
SUBJECT	HIGHTOWER INDUSSTRIES LL	.c	
		imited Liability Co	отрапу)
The enclose	ed member, resignation or disso	ciation and fee((s) are submitted for filing.
Please retur	n all correspondence concernin	g this matter to	:
CONNER HI	GHTOWER		
	(Contact Person)		<u>-</u>
HIGHTOWE	R INDUSTRIES LLC		
	(Firm/Company)		_
7703 MCELV	YEY RD STE B		
	(Address)		_
PANAMA CI	TY BEACH FL 32408		
	(City/State and Zip Code)		
For further	information concerning this ma	tter, please call	:
CONNER HI		850 at (774-6374
1)	Name of Contact Person)		e & Daytime Telephone Number)
Enclosed pl	ease find a check made payable	to the Florida	Department of State for:
≡ \$25 Filin	- ·		g Fee & Certified Copy
<u>M</u> aili	ing Address:		Street Address:
Regi	istration Section		Registration Section
	sion of Corporations		Division of Corporations
=	Box 6327		The Centre of Tallahassee
i aila	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



· 6:39

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)

	e limited liability company as it	appears on the records of the Florida Department
2. The Florida doc L18000243123	cument/registration number assi	gned to this limited liability company is:
3. The date this m	ember/manager withdrew/resign	ned or will withdraw/resign is:
4. I, // (Print Name of Person Resigning)		, hereby withdraw/resign as a
AMBR		
	(Print Title)	
of this limited lia resignation in w		imited liability company has been notified of my $10-6-2020$
Signature of D	issociating Member or Resigning	
	\$25.00 (Required) \$30.00 (Optional)	