L18000 248589

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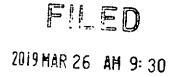
Divisio	on of Corpo	orations			
SUBJECT: _	HAII	ONE	50LU1	10N	LLC.
		(iVan	ie of Limited Li	авину Соп	ipany)
The enclosed i	member, re	signation or	dissociation	and fee(s)	are submitted for filing.
Please return a	all correspo	ndence cond	cerning this n	natter to:	
Mas	-16	MORIL	-20		
	(Co	ntact Person)			
411	ONE	SOLUT	ION L	LC;.	_
	(Fir	m√Company)			
13352	Claci	er Na	tional	D,-	Apt 3405
	(Address)			
Orta	indo	F-L. 3	12837		-
	(City/S	tate and Zip Cod	de)		
For further inf	ormation c	oncerning th	nis matter, plo	ease call:	
Na	ma 1	10:11	<u>0</u> at (_	407	5349749. & Daytime Telephone Number
(Nai	me of Conta	ct Person)	(<i>F</i>	Area Code	& Daytime Telephone Number
•		eck made p			epartment of State for:
X \$25 Filing	ree		u 3	gmina cci	Fee & Certified Copy
STREET/COURIER ADDRESS:				MAILING ADDRESS:	
Registration Section					Registration Section
Division of Corporations					Division of Corporations
Clifton Building					P.O. Box 6327 Tallahassee, Florida 32314
2661 Executive Center Circle					rananassee, rionda 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section





Charlessee.nl

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 li	mited liability company as it appears on the records of the Florida Department
of State is:	HMI ONE SOLUTION LLC.
2. The Florida docur	nent/registration number assigned to this limited liability company is:
L. 18	000248589.
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:03-22-2019
4. I. Maria (Print Na.	me of Person Resigning). hereby withdraw/resign as a
Manac	Ter (NIGR).
resignation in writ	lity company and affirm the limited liability company has been notified of my ing.
	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	·