## 18000 282082

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(K	equestor's Name)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUB.	JECT: HYDRO INDUSTRIES-USA,	, LLC		_
	(Name of Lim	ited Liability Co	трапу)	
The c	enclosed member, resignation or dissoci-	ation and fee(	s) are submitted for filing.	
Pleas	e return all correspondence concerning	this matter to:		
тно	MAS ELLIOTT			
	(Contact Person)		<del></del>	
			:Pj	2019
	(Firm/Company)			1 HOF 6102
50 B	ISCAYNE DR-SUITE 5115			0
	(Address)		<del>-</del> ₽ <sub>1</sub> .	<u> </u>
ATL	ANTA, GA 30309		±+	MHII: 58
	(City/State and Zip Code)		_	
For fi	urther information concerning this matte	er, please call:		
тно	MAS ELLIOTT	678	667-3361	
	(Name of Contact Person)		e & Daytime Telephone Number)	_
	osed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy	
	EET/COURIER ADDRESS:		MAILING ADDRESS:	
_	stration Section		Registration Section	
	tion of Corporations		Division of Corporations	
	on Building Executive Center Circle		P.O. Box 6327	
	hassee, Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)



## 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)

of State is: HYDRO INDUSTRIES-USA,LLC	<del></del>
2. The Florida document/registration number assig	ned to this limited liability company is:
L18000282082	20
3. The date this member/manager withdrew/resigned 4. I. THOMAS ELLIOTT  (Print Name of Person Resigning)  MEMBER/COMPTROLLER  (Print Title)	ed or will withdraw/resign is:
of this limited liability company and affirm the li resignation in writing.  Signature of Dissociating Member or Resigning	att

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)