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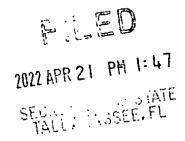
Office Use Only

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COVER LETTER

TO:		stration Section sion of Corporations		
el:D1	ECT:	Holloitz Holdings, LLC		
2009	r.C.1;	(Name of Limit	ed Liability Com	pany)
The e	neloseo	d member, resignation or dissocia	tion and fce(s)	are submitted for filing.
Please	e returr	all correspondence concerning t	his matter to:	
Miche	lle E Ho	olfitz		
		(Contact Person)		
Hollitz	z Holdin	gs LLC		_
		(Firm/Company)		
302A	S Wood	land Blvd		_
		(Address)		
DeLai	nd, FL 3	2720		_
		(City/State and Zip Code)		
For f	urther	information concerning this matte	er, please call:	
Miche	elle E He	olloitz	917 at (837-3110
	()	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Encloses \$1	osed pl 25 Filir	ease find a check made payable t ng Fee	o the Florida I	Department of State for: g Fee & Certified Copy
	Reg Div P.O	iing Address: istration Section ision of Corporations . Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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	limited liability company a	as it appears on the records of the Florida Department
of State is: Hollit	z Holdings, LLC	
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:
4. I, Ryan C Hollitz		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
mgr		
	(Print Title)	
resignation in wr		the limited liability company has been notified of my
	\$25.00 (Required) \$30.00 (Optional)	