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COVER LETTER

Division of Corporations
SUBJECT: HOL Oil Services LLC
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

Joseph Lorenzo
(Contact Person)
MOL Oil Services LLC
(Firm Company)
24 Cooldge St.
(Address)
Winter Garden, Fl, 34787
(City State and Zip Code)

For further information concerning this matter, please call:

Marjorie Aparicio at (786) 597 7884 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\omega\$ \$25 Filing Fee \$\omega\$ \$Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lir	nited liability company as it appears on the records of the Florida Department
of State is: H	&L Oil Services UC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
<u> L19000</u>	159939
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 10/01/19
4. I. <u>Luis</u> <u>Co</u>	. hereby withdraw/resign as a c of Person Resigning)
Authoriza	in Tide)
of this limited liabilities resignation in writing	ity company and affirm the limited liability company has been notified of my ag.
Signature of Disso	Sciating Member or Resigning Manager
Filing Fee:	
Certified Copy:	\$30.00 (Optional)