119000258749

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

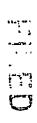
Office Use Only



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11/22/24--01021--004 **25.00

SECTION 22 PH 4: 09
STATE
STATE ASSESSES FL





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)

	limited liability company as i	t appears on the records	of the Florida Department
of State is:	Hoberis LCC		,
2. The Florida docs	ument/registration number ass	igned to this limited liab	oility company is:
L 19000	258749	·	
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/re	sign is: 11-1424
4. I. <i>Print N</i>	en Splog ame of Person Resigning)	, hereby withdraw/re	esign as a
Steve	SPIVEY (Print Title)		
	bility company and affirm the	limited liability compar	ny has been notified of my
Signature of D	issociating Member or Resign	ing Manager	(1)
Filing Fee:	\$25.00 (Required)		2024 NOV 22 SEFELL SEA
Certified Copy:	\$30.00 (Optional)		22 PH W