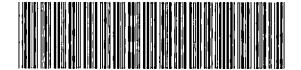
## 1900291363

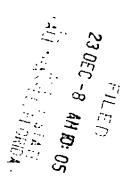
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  J. HORNE  JAN - 8 2023

Office Use Only



100420009261

10 %0729--01014--125 - \*\*25.00



## **COVER LETTER**

	gistration Section		
יוכו	vision of Corporations		
SUBJECT			
	(Name of	Limited Liability Cor	mpany)
The enclos	sed member, resignation or dis	sociation and fee(s	s) are submitted for filing.
Please retu	irn all correspondence concerr	ning this matter to:	
Haley Swan	k		
<del></del>	(Contact Person)		<b></b>
Haley Swan	k LLC		
_	(Firm/Company)		-
308 Hedgew	rood Dr		
	(Address)		<del>-</del>
Chattanooga	a, TN 37405		
-	(City/State and Zip Code)		-
For further	r information concerning this i	matter, please call:	
Haley Swan	k	423 at (	303-9739
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed p	please find a check made paya	ble to the Florida I	Department of State for:
<b>■</b> \$25 Fil	•		g Fee & Certified Copy
Ma	niling Address:		Street Address:
Re	gistration Section		Registration Section
	vision of Corporations		Division of Corporations
	O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 a	llahassee, FL 32314		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)

	limited liability company as it appears on the records of the Florida Department				
	. The Florida document/registration number assigned to this limited liability company is:				
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:				
	, hereby withdraw/resign as a fame of Person Resigning)				
	(Print Title)				
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.				
Hale	Swerle Sociating Member or Resigning Manager				
Signature of D	ssociating Member or Resigning Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				