119000294719

(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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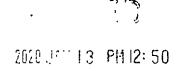
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COVER LETTER .

TO:	Registration Section		
	Division of Corporations		
SUBJ	HBH Partners, LLC		
	(Name of L	imited Liability Co	ompany)
The e	nclosed member, resignation or disso	ociation and fee((s) are submitted for filing.
Please	e return all correspondence concernir	ng this matter to:	:
Kristy	n Dow		
	(Contact Person)		
Ѕрагто	w Administrative Services LLC		
	(Firm/Company)		_
11515	66th St		
	(Address)		_
Largo,	FL 33773		
	(City/State and Zip Code)	<u> </u>	_
For fu	urther information concerning this ma	atter, please call	:
Kristyı	n Dow	727 at (451-4942
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclo	sed please find a check made payable	e to the Florida	Department of State for:
= \$2.	5 Filing Fee	□ \$55 Filin	ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		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)

	limited liability company as	it appears on the records of the Florida Department
L19000294719		ssigned to this limited liability company is:
3. The date this me	:mber/manager withdrew/resi	igned or will withdraw/resign is:
Mathew Breidenstine		, hereby withdraw/resign as a
(Print N	iame of Person Resigning)	
Authorized Mana	ging Member	
	(Print Title)	
of this limited lia resignation in wr		c limited liability company has been notified of my
Signature of D	issociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	S25.00 (Required) S30.00 (Optional)	