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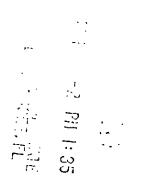
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dasiness Littly Walle)		
(Document Number)		
Certified Copies Certificates of Status		
<u> </u>		
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
HBH Partners, LLC SUBJECT:	
	nited Liability Company)
The enclosed member, resignation or dissoc	jation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Kristyn Dow	
(Contact Person)	···
Sparrow Administrative Services LLC	
(Firm/Company)	
11515 66th St	
(Address)	
Largo, FL 33773	
(City/State and Zip Code)	
For further information concerning this man	ter, please call:
Kristyn Dow	321 289-6996 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\Begin{align*} \Begin{align*}	to the Florida Department of State for: S55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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)

	limited liability compat	ny as it appears on the records of the Florida Department
2. The Florida doct	ament/registration numb	per assigned to this limited liability company is:
3. The date this mo	mber/manager withdrev	v/resigned or will withdraw/resign is: July 1, 2021
4. I. Caleb Thibeau		, hereby withdraw/resign as a
(Print 8	ame of Person Resigning)	,,
Member		. J
	(Print Title)	
of this limited lia resignation in wr		m the limited liability company has been notified of my
Signature of D	ssociating Member or R	tesigning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	