## 119000 303145

(Re	equestor's Name)	
(Ac	ldress)	
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☐ PICK-UP	☐ WAIT	☐ MAIL
(Bı	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
	-	****
Special Instructions to	Filing Officer:	

Office Use Only



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Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	THR Mobil (Name of Limi	e Med ted Liability Compa	nanic, Lic
The enclosed memb	er, resignation or dissocia	ation and fee(s) a	re submitted for filing.
Please return all cor	respondence concerning to	his matter to:	
	(Firm/Company)		
5684 Mb	(Address)	<u>(</u>	
Middleb	City/State and Zip Code)	2068	
For further informat	ion concerning this matte	er, please call:	
(Name of	Contact Person)		446-0777  Daytime Telephone Number)
Enclosed please find \$25 Filing Fee	d a check made payable to		partment of State for: ee & Certified Copy
Mailing Addra Registration			reet Address: egistration Section

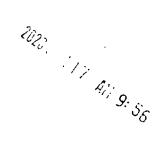
CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327





## 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  CHR Moli le Mechanic, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L1900	00 303 145
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{6-1-2020}{}$
4. I, (hr 15)	hereby withdraw/resign as a same of Person Resigning)
~ 1	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
histopl	De Roller
Signature of D	issociating Member or Resigning Manager
Filing Fee:	
Certified Copy:	\$30.00 (Optional)