## L2 00000114002

(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:				

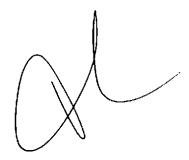
Office Use Only



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## **COVER LETTER**

**Division of Corporations** Hobgood Estate Services LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Kimberly Vergara (Contact Person) Hobgood Estate Services LLC (Firm/Company) 5155 Corporate Way, Suite H (Address) Jupiter, FL 33458 (City/State and Zip Code) For further information concerning this matter, please call: Kimberly Vergara (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

TO:

**Registration Section** 



## 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)

1. The name of the	limited liability company	as it appears on the records of the Floric	da Department
of State is:	ood Estate Services LLC		·
			211
2. The Florida docu	ument/registration number	assigned to this limited liability compar	ny is::
L20000014002			
<del></del>		<del></del> ,	_ _
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is: 2/1/2	023
4. I, Adrian Vergara		, hereby withdraw/resign as a	
4. 1(Print N	ame of Person Resigning)	, hereby withdrawnesign as a	7
Manager			
	(Print Title)	•	
of this limited lia resignation in wr	·	the limited liability company has been i	notified of my
1 Wer	gu TU		
Signature of D	ssociating Member or Res	igning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Conv	\$30.00 (Ontional)		