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(Rec	uestor's Name)	-
(Add	ress)	
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PICK-UP	WAIT	MAIL
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COVER LETTER,

_	istration Section ision of Corporations		
SUBJECT:	H & H TAMPA ENTERPRISE	S. LLC	
SOBJECT.		Limited Liability Cor	mpany)
The enclose	ed member, resignation or dis	sociation and fee(:	s) are submitted for filing.
Please retur	n all correspondence concert	ning this matter to:	
DIANE FAM	HGLIETTI		
	(Contact Person)		····
н & н тамі	PA ENTERPRISES, LLC		
	(Firm/Company)		_
9122 OTTER	PASS		
	(Address)	,	
TAMPA, FL	33626		
	(City/State and Zip Code)		
For further	information concerning this r	natter, please call:	
DIANE FAM	IIGLIETTI	813	403-9414
1)	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed pl	ease find a check made paya	ble to the Florida I	Department of State for:
රු J25 Filir			g Fee & Certified Copy
<u>Mail</u>	ing Address:		Street Address:
Reg	istration Section		Registration Section
	ision of Corporations		Division of Corporations
	. Box 6327		The Centre of Tallahassee
Fall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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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 Departr H TAMPA ENTERPRISES, LLC	nent 	
2. The Florida doc 1.20000257048	ument/registration number assigned to this limited liability company is:		
	ember/manager withdrew/resigned or will withdraw/resign is:		
4. I. <u>Ameet punw</u>	ANI	, hereby withdraw/resign as a	
(Print N	'ame of Person Resigning)		
AR			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of iting.	`my	
Amve	l Punwani		
Signature of D	issociating Member or Resigning Manager		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		