## L20000305670

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



200433201322

10/16/24--01006--001 \*\*25.00

2024 OCT -1 AM 8: 17

## **COVER LETTER**

Divis	ion of Corporations			
SUBJECT:	H & R CIRRUS LLC			
	(Name of Limited Liability Company)			
The enclosed	l member, resignation or dissoci	ation and fee	(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to	D:	
ROY H. LAMI	BERT, JR			
	(Contact Person)		<del></del>	
H & R CIRRU	suc			
<u> </u>	(Firm/Company)		····	
2935 20TH ST	REET			
	(Address)			
VERO BEACE	I, FL 32960			
	(City/State and Zip Code)		<del></del>	
For further in	formation concerning this matte	я, please call	<b>l</b> :	
HAL LAMBER	RT	772 at (	559-3822	
(Na	ame of Contact Person)	(Area Cod	le & Daytime Telephone Number)	
Enclosed plea	ase find a check made payable to	the Florida	Department of State for:	
■ \$25 Filing		□ \$55 Filin	ng Fee & Certified Copy	
see choc	cenclosed (#4313)			
	<u>e Address:</u> tration Section		Street Address: Registration Section	
_	on of Corporations		Division of Corporations	
	Box 6327		The Centre of Tallahassee	
i aliaf	nassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
			·	

CR2E079 (2/14)

TO: Registration Section



September 19, 2024

ROY H. LAMBERT, JR 2935 20TH STREET VERO BEACH, FL 32960

SUBJECT: H & R CIRRUS LLC Ref. Number: L20000305670

We have received your document for H & R CIRRUS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 424A00021041





2024 OCT -1 AM 8: 18

FILED

TALLAHASSEE FLORIDA

## 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)

2. The Florida doc L20000305670	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
A. I,		, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	, nereby withthaw/resign as a
MGR		
<del></del>	(Print Title)	
of this limited lis		he limited liability company has been notified of my
11	h June	
Signature of D	issociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	

CR2E079 (2/14)