

L21000049397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

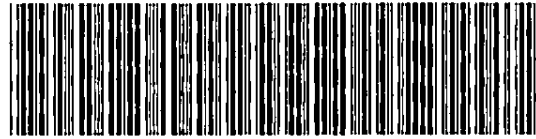
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAY -3 AM 12:59
TALLAHASSEE, FLORIDA

JC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hewan & Foster Partner's LLC
(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:

Hensly Hewan

(Contact Person)

Hewan & Foster Partner's LLC
(Firm/Company)

6601 N 40 Street

(Address)

Tampa FL, 33610

(City/State and Zip Code)

For further information concerning this matter, please call:

Hensly Hewan at (813) 513-2631
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee ☐ \$55 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Hewan & Foster Partner's L L C

2. The Florida document/registration number assigned to this limited liability company is:

L21000049397

3. The date this member/manager withdrew/resigned or will withdraw/resign is:

03/29/21

4. I, Tequitha Foster, hereby withdraw/resign as a
(Print Name of Person Resigning)

AP

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature] By Boxey LLC 1-308
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) ✓
Certified Copy: \$30.00 (Optional)

FILED
TALLAHASSEE, FLORIDA

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