121000071899

(Re	equestor's Name)				
(Ad	dress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	: #)			
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COVER LETTER

	_	stration Section			
	Divis	ion of Corporations			
SUBJE	ECT:	HB707, LLC			
		(Name of Lim	iited	Liability Cor	mpany)
The end	closec	l member, resignation or dissoci	iatio	on and fee(s) are submitted for filing.
Please	return	all correspondence concerning	this	matter to:	
Suzanne	Kapla	n Moreno			
		(Contact Person)			_
HB707,	LLC				
		(Firm/Company)			_
2625 NV	V 28th	Terrace			
		(Address)			_
Boca Ra	ton, Fl	_ 33434			
		(City/State and Zip Code)			_
For furt	ther in	nformation concerning this matt	er, p	olease call:	
Suzanne	Kapla	n Moreno	at	561	715-6986
	(N	ame of Contact Person)			& Daytime Telephone Number)
Enclose	ed ple	ase find a check made payable t	o th	e Florida I	Department of State for:
■ S25	Filing	; Fee		S55 Filin	g Fee & Certified Copy
		ng Address: stration Section			Street Address: Registration Section
	_	ion of Corporations			Division of Corporations
		Box 6327			The Centre of Tallahassee
	Talla	hassee, FL 32314			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	e limited liability company as it appears on the records of the Florida D	epartment
of State is:	07, LLC	·
2. The Florida doc L21000071899	cument/registration number assigned to this limited liability company is	2921 HAR - 5
	ember/manager withdrew/resigned or will withdraw/resign is: March 1, 2	
4. I. Christopher Mor	, hereby withdraw/resign as a	MM 12:07
(Print A Manager	Name of Person Resigning)	2
	(Print Title)	
of this limited lia resignation in wr	ability company and affirm the limited liability company has been notificating.	ied of my
Chintops	du Morens	
	Dissociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	