## KZ1 000 116 755

	(Requestor's Name)
_	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: H&H Restaurant MGMT LLC	
	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Hanhu Jo	
(Contact Person)	
H&H Restuarant MGMT LLC	
(Firm/Company)	
805 Donald Ross Road	
(Address)	
Juno Beach, Fl 33408	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Hnahu Jo	561 719-6469
(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
M. Tr. A. L.	
Mailing Address: Registration Section	Street Address:
Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 8
	Tallahassee, FL 32303

CR2E079 (2/14)



## 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 of State is: H&	ne limited liability company a	as it appears on the records of the	e Florida De <sub>l</sub>	partm	ent
		assigned to this limited liability o			_
3. The date this n		signed or will withdraw/resign is	S:	1	
4. I,	Hansun Jo	, hereby withdraw/resign a	as a		
(Print	Name of Person Resigning)		15 4		
	Manager				
	(Print Title)				
of this limited li resignation in w	ability company and affirm thriting.	ne limited liability company has	been notified	d <b>y</b> ef n	ny
7	2=	<del></del>		ΛPR 16	
Signature of [	Dissociating Member or Resig	ning Manager		6 PH 12: 34	
Filing Fee:	\$25.00 (Required)		差許	 ယ	
Certified Copy:	\$30.00 (Optional)			+	