LZ1000196281

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
	cument Number)	
(80	cament (vamber)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:]
		Î

Office Use Only



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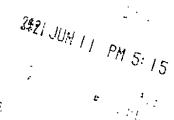


O SIMMONE
JUL 1 3 2021

COVER LETTER

Division of Corporations		
Hannah Place LLC SUBJECT:		
(Name of Limi	ted Liability C	Company)
The enclosed member, resignation or dissocia	ation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter t	o:
Shirley Hannah		
(Contact Person)		
Hannah Place LLC		
(Firm/Company)		
720 Redwood Avenue		
(Address)		
Panama City, FL 32404		
(City/State and Zip Code)		
For further information concerning this matte	er, please ca	dl:
Shirley Hamiah	850 at (624-1256
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payable t ☐ \$25 Filing Fee		a Department of State for: ling 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)

	limited liability company as it appears on the records of the Florida Department LLC	tment
	ument/registration number assigned to this limited liability company is:	
L21000196281		
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	
Chaka Hannah 4. I,	haraby with draw/racian as a	
(Print N	, hereby withdraw/resign as a lame of Person Resigning)	
Authorized Memb		
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified iting.	of my
(hak	a Hannah	
Signature of D	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	