LZ1000291482

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u></u>		. <u> </u>

Office Use Only



900373853839

09/27/21--01023--027 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hope Creations LL (Name of Limited I.	Ciability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Jordan O'Quinn (Contact Person)	
(Firm/Company)	
5255 W. Ranger St.	
Beverly Hills FL 34465 (City/State and Zip Code)	
For further information concerning this matter, pl	lease call:
Scalar O'Quin at ((Name of Contact Person)	352) 25 7-1736 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$2.\$25 Filing Fee	Florida Department of State for: \$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 Flo	rida D	epartment
of State is: Ho	pe Creations L	16			·
2. The Florida doc	ument/registration number as:	signed to this limited liab	oility comp	oany is	3:
L2100026	91482				
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/re	esign is: 4	10/2	021
4.1. Tylec Print	McComc5 Jame of Person Resigning)	, hereby withdraw/re	esign as a		
MGR	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability compar	ny has been	n notif	ied of my
Solor Male	omer			10	ر ا روپ سپ سور
Signature of D	issociating Member or Resign	ing Manager	NSSEE S	27 PM 2: 19	
Filing Fee:	\$25.00 (Required)		JAT FL	2: -	
Certified Copy:	\$30.00 (Optional)		[-]	9	