## h21000392320

| (Red                      | questor's Name)    | <del></del> |  |  |
|---------------------------|--------------------|-------------|--|--|
|                           |                    |             |  |  |
| (Add                      | ress)              |             |  |  |
|                           |                    |             |  |  |
| (Add                      | dress)             |             |  |  |
| ·                         | •                  |             |  |  |
| (Cih                      | //State/Zip/Phone  | - 40        |  |  |
| (510)                     | rotate/Zipri Horie | · **)       |  |  |
| PICK-UP                   | ☐ WAIT             | MAIL        |  |  |
|                           |                    |             |  |  |
| (Bus                      | siness Entity Nan  | ne)         |  |  |
|                           |                    |             |  |  |
| (Document Number)         |                    |             |  |  |
|                           |                    |             |  |  |
| Certified Copies          | Certificates       | of Status   |  |  |
|                           | ·                  |             |  |  |
| ·                         |                    |             |  |  |
| Special Instructions to F | Filing Officer:    |             |  |  |
|                           |                    |             |  |  |
|                           |                    |             |  |  |
|                           |                    |             |  |  |
|                           |                    |             |  |  |
|                           |                    |             |  |  |
|                           |                    |             |  |  |
|                           |                    |             |  |  |

Office Use Only



600383626326

03/14/22--01023--015 \*\*55.00

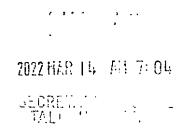


O SIMMONS

## **COVER LETTER**

| TO:     |          | stration Section<br>sion of Corporations |                      |   |
|---------|----------|--|----------------------|---|
|         |          | Hudson West Restoration LLC              |                      |   |
| SUBJI   | ECT:     |  | Limited Liability Co | mpuny)  |
| Tha an  | nalocar  | I member, resignation or diss            |                      |   |
| THE CH  | iciosec  | i member, resignation of diss            | Octation and rect    | s) are submitted for filling.                 |
| Please  | return   | all correspondence concerni              | ng this matter to:   |   |
| Georgi  | Dzher    | nezov                                    |                      |   |
|         |          | (Contact Person)                         | <del></del>          | <del>_</del>                                  |
|         |          |  |                      |   |
|         |          | (Firm/Company)                           |                      |   |
| 1709 B  | Banyan   | Creek CT                                 |                      |   |
|         |          | (Address)                                |                      | <u> </u>                                      |
|         | _        |  |                      |   |
| Boynto  | n Bead   | ch, FL. 33436                            |                      | _   |
|         |          | (City/State and Zip Code)                |                      |   |
| For fui | rther in | nformation concerning this m             | atter, please call:  | :   |
| Georgi  | Dzher    | nzov                                     | 786<br>at (          | 873-8209                                      |
|         | (N       | ame of Contact Person)                   | \                    | e & Daytime Telephone Number)                 |
| Enclos  | sed ple  | ase find a check made payab              | le to the Florida !  | Department of State for:                      |
| □ \$25  | -        | • -                                      |                      | g Fee & Certified Copy                        |
|         |          |  |                      |   |
|         |          | ng Address:                              |                      | Street Address:                               |
|         | _        | stration Section sion of Corporations    |                      | Registration Section Division of Corporations |
|         |          | Box 6327                                 |                      | The Centre of Tallahassee                     |
|         |          | 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)

|                                     | limited liability company as it appears on the records of the Florida Department on West Restoration LLC |
|-------------------------------------|--|
| 2. The Florida docu<br>L21000292320 | ument/registration number assigned to this limited liability company is:                                 |
| 3. The date this me                 | ember/manager withdrew/resigned or will withdraw/resign is:  |
| Georgi Dzhene                       |  |
| MGR                                 |  |
|                                     | (Print Title)  |
| resignation in wr                   | _  |
| Signature of D                      | issociating Member or Resigning Manager  |
|                                     | \$25.00 (Required)<br>\$30.00 (Optional)   |