# L21000372909

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
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Office Use Only



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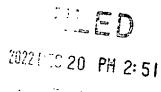
1**5:2 NA 02** 21.12

#### **COVER LETTER**

| Division of Corporations   |  |
|--|--|
| SUBJECT: HANS GL<br>(Name of Lim   | oßal LLC (ited Liability Company)  |
| Manager<br>The enclosed member resignation or dissoci  | ation and fee(s) are submitted for filing.   |
| Please return all correspondence concerning  | this matter to:  |
| KEVIN PATRICK JONES (Contact Person)   | <u>.                                    </u>   |
| N/A<br>(Firm/Company)  |  |
| 235 3 TH AVE N. APT 23 (Address)   | 3  |
| ST. PETERSBURG, FL 33' (City/State and Zip Code)   | 701  |
| For further information concerning this matter   |  |
| KEVIN JONES (Name of Contact Person)   | at ( <u>646</u> ) <u>469</u> <u>0006</u><br>(Area Code & Daytime Telephone Number)                                       |
| Enclosed please find a check made payable t  ☐ \$25 Filing Fee                                     | o the Florida Department of State for:  X \$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

## TO OF STATE

# DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the li                        | nited liability company as it appears on the                                  | records of the Florida Department |
|--|---|-----------------------------------|
| of State is: H                               | ANS GLOBAL LLC  | ·                                 |
| 2. The Florida docur                         | ent/registration number assigned to this lin                                  | nited liability company is:       |
| L21000                                       | 372909  |                                   |
| 3. The date this men                         | <del>oor</del> /manager w <del>ithdrow</del> /resigned or will <del>wit</del> | ndraw/resign is: 12/13/2022       |
| 4.1, KEVIN PI                                | MRICK JONES , hereby wind of Person Resigning)                                | <del>lubas</del> /resign as a     |
|  | ER  vini Title)   |                                   |
| of this limited liabi<br>resignation in writ | ity company and affirm the limited liability                                  | company has been notified of my   |
| KPE  | maz   |                                   |
| Signature of Dis                             | ociating Member or Resigning Manager  | <del></del>                       |
| Filing Fee:<br>Certified Copy:               |   |                                   |