## K21 (CC 472597

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>e</del> #)
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## COVER LETTER

TO: Registration Section **Division of Corporations** HEROCOUNSEL, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: ANDREW SHAPIRO (Contact Person) HEROCOUNSEL, LLC (Firm/Company) 19 WEST FLAGLER STREET, SUITE 516 (Address) MIAML FL 33130 (City/State and Zip Code) For further information concerning this matter, please call: ANDREW SHAPIRO (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy **Mailing Address:** Street Address: **Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 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:		it appears on the records of the Florida Department
2. The Florida docu	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
		, hereby withdraw/resign as a
Member and Man	ager .	
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	