L22000005986

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DCUCKING

COVER LETTER -

Division of Corporations				
HERRON LANE, 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	:			
RONALD W. JONES				
(Contact Person)	_			
(Firm/Company)	_			
8133 CAYUGA TRAIL WEST	2022 HAY 26 PH 3: 37			
(Address)				
JACKSONVILLE, FL 32244				
(City/State and Zip Code)	— — — — — — — — — — — — — — — — — — —			
For further information concerning this matter, please call:	: 37			
RONALD W. JONES 904 at (994-4140			
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida I ■ \$25 Filing Fee □ \$55 Filing	Department of State for: g Fee & Certified Copy			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
Tallabassee 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	c limited liability company as	s it appears on the records of the Florida Department
of State is: HER	RON LANE, LLC	
2. The Florida doc	ument/registration number as	ssigned to this limited liability company is:
L22000005986		·
3. The date this mo	ember/manager withdrew/res	igned or will withdraw/resign is:
MICHAEL, E. PALMER		hereby withdraw/resign as a
(Print)	Vame of Person Resigning)	, hereby withdraw/resign as a
AMBR		
	(Print Title)	
resignation in wr	ating.	e limited liability company has been notified of my
Signature of Di	issociating Member or Resign	ning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	