## 13000134883

| (Requesto                        | or's Name)             |
|----------------------------------|------------------------|
| (Address)                        | <del> </del>           |
| (A.1/1)                          |                        |
| (Address)                        |                        |
| (City/State                      | e/Zip/Phone #)         |
| PICK-UP                          | WAIT MAIL              |
| (Business                        | Entity Name)           |
| (Daguman)                        | nt Number)             |
| (Documer                         | n number)              |
| Certified Copies                 | Certificates of Status |
| Special Instructions to Filing ( | Officer;               |
|                                  |                        |
|                                  |                        |
| t.                               | ,                      |
| W                                | Nil/S                  |

Office Use Only



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08/30/24--01001--003 \*\*55.00



## **COVER LETTER**

| Division of Corporations                          |   |
|---|---|
| HS SUCCESSFUL BUSINESS LLC SUBJECT:               |   |
| (Name of Limited I                                | Jiability Company)                            |
| The enclosed member, resignation or dissociation  | n and fee(s) are submitted for filing.        |
| Please return all correspondence concerning this  | matter to:                                    |
| Edixon E. Huertas                                 |   |
| (Contact Person)                                  | <del></del>                                   |
| HS SUCCESSFUL BUSINESS LLC                        |   |
| (Firm/Company)                                    |   |
| 12555 Orange Dr. suite 265                        |   |
| (Address)   | <del></del>                                   |
| Davic, FL 33330                                   |   |
| (City/State and Zip Code)                         |   |
| For further information concerning this matter, p | lease call:                                   |
| OSCAR GUALDRON at (                               | (954) 903-4036                                |
|   | (Area Code & Daytime Telephone Number)        |
| Enclosed please find a check made payable to the  |   |
| ■ \$25 Filing Fee                                 | \$55 Filing Fee & Certified Copy              |
| Mailing Address:                                  | Street Address:                               |
| Registration Section Division of Corporations     | Registration Section Division of Corporations |
| P.O. Box 6327                                     | The Centre of Tallahassee                     |
| Tallahassee, FL 32314                             | 2415 N. Monroe Street, Suite 81               |
|   | Tallahassee, FL 32303                         |

CR2E079 (2/14)

Document Ref: LIMXV-RWZHR-4U56J-LFOW7 Page 1 of 2



## 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)

| 12.211                                    | limited liability company as it appears on the records of the FloridadDepartment JCCESSFUL BUSINESS LLC                         |
|---|---|
|   | iment/registration number assigned to this limited liability company is:  |
| Oscan Gualdron 4. 1,                      | mber/manager withdrew/resigned or will withdraw/resign is:  08/28/2024  , hereby withdraw/resign as a aume of Person Resigning) |
| Manager                                   |   |
| · · · · · · · · · · · · · · · · · · ·     | Print Title)  |
| of this limited lial<br>resignation in wr | oility company and affirm the limited liability company has been notified of my ting.   |
| Oscar G Signature of Di                   | ualdrou<br>ssociating Member or Resigning Manager   |
| Filing Fee:<br>Certified Copy:            | \$25.00 (Required)<br>\$30.00 (Optional)  |

CR2E079 (2/14)