## L230004965160

(Requestor's Name)
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## COVER LETTER

TO: Registration Section Division of Corporations	•	
HUMULEX, LLC SUBJECT:		
(Name of Limite	d Liability C	ompany)
The enclosed member, resignation or dissociat	tion and fee	e(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to	o:
Lisa Sandecki		
(Contact Person)	<u> </u>	
HUMULEX, LLC		
(Firm/Company)		<del></del>
5601 MARINER STREET, SUITE 100		
: (Address)		
TAMPA, FL 33609		
(City/State and Zip Code)		<del></del>
For further information concerning this matter	r, please ca	11:
Lisa Sandecki	813 at (	289-5511
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to   S25 Filing Fee	the Florid	a Department of State for: ing 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



## DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FROM OPIDA OR FOREIGN LIMITED LIABILITY COMPANY CO 0014 Florida Statutes)

•	
1. The nam	ne of the limited liability company as it appears on the records of the Florida Department
of State	HUMULEX, LLC
2. The Floa	rida document/registration number assigned to this limited liability company is:
L230004	96760
3. The date	this member/manager withdrew/resigned or will withdraw/resign is:
4. l, <u>MULF</u>	INGER, CHARLES H , hereby withdraw/resign as a (Print Name of Person Resigning)
	(Print Name of Person Resigning)
Manage	er _
<del></del>	(Print Title)
	mited liability company and affirm the limited liability company has been notified of my on in writing.
Chli	A Melfor
Signat	ure of Dissociating Member or Resigning Manager
Filing Fee	: \$25.00 (Required)

\$30.00 (Optional)

Certified Copy: