## M15 0000000558

(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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## **COVER LETTER**

TO: Registration Section	a					
Division of Corpora	ations					
SUBJECT: HOPE TOWER						
	(Name of L	imited Liability Co	трапу)			
The enclosed member, resi	gnation or disso	ociation and fee(	s) are submitted for	filing.		
Please return all correspond	dence concernin	ng this matter to:				
Micah Liggett						
(Conta	act Person)	<del></del>	_	20		
PRESCRIPTION HOPE, INC				2023 APR 10 AH 10: 09		
(Firm)	Company)		_	- 70		
2100 SE Ocean Blvd, Suite 300				A HIE		
(Ad	dress)		_			
Stuart FL 34996				· , •		
(City/State	e and Zip Code)		_			
For further information con	cerning this ma	atter, please call:				
James Kraft		772 at (	341-7566 _)			
(Name of Contact	Person)	(Area Code	& Daytime Telephor	ne Number)		
Enclosed please find a chec \$\frac{1}{2}\$ \$25 Filing Fee	k made payable		Department of State g Fee & Certified C			
Mailing Address:			Communic & d.d			
Registration Section	1		Street Address: Registration Section	on		
Division of Corporations Division of Corpo				rations		
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 323	14		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			



## 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)

					PR TI	
1. The name of the	limited liability compar	ny as it appears on th	c records of the Flo	orida Dep	artment	
	HEIA INVESTMENTS, LL		····	.v		
2. The Florida docu M15000000558	ment/registration numb	per assigned to this li	mited liability com	pany is:	9: 09	
3. The date this me	mber/manager withdrev	v/resigned or will wi	thdraw/resign is: _	3-2	20-200	2,5
4. I, Douglas K Pierce	:	<b>Land</b>	ith-d			
	ame of Person Resigning)	, hereby wi	undraw/resign as a			
Manager						
	Print Title)	<u></u> ·				
						1
of this limited liab	oility company and affir	m the limited liabilit	y company has bee	n notifie	d of my	
resignation in whi	eng.				_	
	X				<u> </u>	
				<del></del>	)	
Signature of Di	ssociating Member or R	esigning Manager				
		<del>-</del>				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					