

K2100027C310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

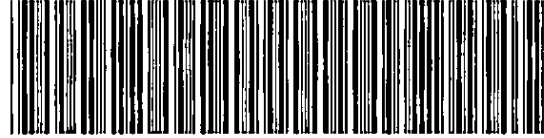
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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07/18/22--01036--030 \*\*55.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HERITAGE ELECTRIC LLC  
\_\_\_\_\_  
(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:

CHARLES F. CRAIN, III  
\_\_\_\_\_  
(Contact Person)

HERITAGE ELECTRIC LLC  
\_\_\_\_\_  
(Firm/Company)

2279 COUNTY ROAD 304  
\_\_\_\_\_  
(Address)

BUNNELL, FL 32110  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES F. CRAIN, III at ( 386 ) 931-3555  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee  \$55 Filing 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

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2022 JUL 18 PM 1:50  
TALLAHASSEE, FL



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 limited liability company as it appears on the records of the Florida Department of State is: HERITAGE ELECTRIC LLC

2. The Florida document/registration number assigned to this limited liability company is:

L21000270310

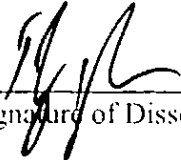
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/8/2022

4. I, TOBY L. LONGNECKER, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
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TALLAHASSEE, FL