

L100000088926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

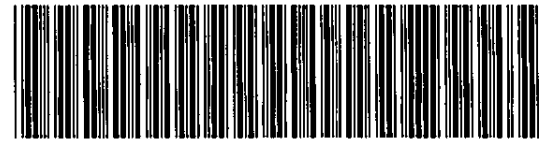
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700291815947

11/08/16--01028--013 \*\*25.00

NOV 09 2016  
S. YOUNG

FILED  
SECRETARY OF STATE  
FALL WASHSEE, FLORIDA  
16 NOV -8 PM 1:28

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Family HomePlace 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:

David Joel Jose  
(Contact Person)

Family HomePlace LLC  
(Firm/Company)

343 W 7th Street  
(Address)

Jacksonville, FL 32206  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Jose at (516) 643-7670  
(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 NOV -8 PM 1:28



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: Family HomePlace LLC

2. The Florida document/registration number assigned to this limited liability company is: L100000 88926

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/21/2016

4. I, Nancy Jose, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
managing member  
(Print Title)

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

X *Nancy Jose*  
Signature of Dissociating Member or Resigning Manager

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

*Paid ch No 485  
11/1/16*

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
46 NOV - 8 PM 1:28