

L16000037076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

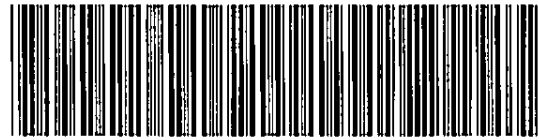
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
HALL COUNTY

17 DEC 22 PM 2:46

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DEC 22 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Well Kept Home Services, 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:

John Witherell  
(Contact Person)

Well Kept Home Services, LLC  
(Firm/Company)

15427 Melpark Cir  
(Address)

Port Charlotte, FL 33981  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Witherell at ( 941 ) 286-6499  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

17 DEC 22 PM 2:46  
TALLAHASSEE, FLORIDA

**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: Well Kept Home Services, LLC

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

L16000037076

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/12/17

4. I, Amanda J Fox, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager  
*(Print Title)*

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

Amanda J Fox

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)