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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: WEALTH BUILDERS, LLC						
(Name of Limited Liability Company)						
The enclosed member, resignation or dissocia	ition and fee(s	a) are submitted for filing.				
Please return all correspondence concerning t	his matter to:					
PERRY O. KEENE III		_				
(Contact Person)						
WEALTH BUILDERS, LLC						
(Firm/Company)		_				
17313 CARRIAGE WAY						
(Address)		_				
ODESSA, FL 33556						
(City/State and Zip Code)		-				
For further information concerning this matte	r, please call:					
PERRY O. KEENE, III	813 at (727-7110				
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)				
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of State for: 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				

CR2E079 (2/14)



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)

	imited liability company as it appears on the records of TH BUILDERS, LLC	the Florida Dep	artın	ent 	
	ment/registration number assigned to this limited liabili		ı. SH	201	
3. The date this men	hber/manager withdrew/resigned or will withdraw/resigned or will withdraw/resigned. ANDEZ, JR. hereby withdraw/resigne of Person Resigning) Print Title)	m is: 10/25/201	9; :	11 AON 6	1 1 2-1 ()
(Print Na.	me of Person Resigning)	5 43 4	:	PH 15. (:
of this limited liab resignation in writ	Tity company and affirm the limited liability company i				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				