L08000023852

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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resignation or dissociation
of member (manager)
06/30/23--01004--004 **25.00

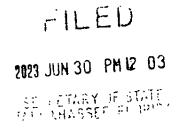


A. RAMSEY
AUG - 4 2023

COVER LETTER

TO:	Registration Section		*
	Division of Corporations		
SUBJ	IECT: Cornell Homes LLC		
	(Name of	Limited Liability Co	ompany)
The e	nclosed member, resignation or dis-	sociation and fee	(s) are submitted for filing.
Please	e return all correspondence concern	ing this matter to	:
Kenne	th B Cornell		<u> </u>
	(Contact Person)		
	(Firm/Company)		
1490 /	Armone Street		<u></u>
	(Address)		
Orland	do, FL 32825		
	(City/State and Zip Code)		
For fi	orther information concerning this n	natter, please call	:
Kenne	th B Cornell	at (<u>407</u>) 467-9547
	(Name of Contact Person)	(Area Cod	le & Daytime Telephone Number)
Enclo	sed please find a check made payat	ole to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations The Centre of Tallahassee
	P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
	rananassee. L D J2J17		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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	ORNELL HOMES, LLC
2. The Florida doct	ment/registration number assigned to this limited liability company is:
L080000	23852
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: DECEMBER 27,2019
4.1. MADELINE	hereby withdraw/resign as a mane of Person Resigning).
MEMBER !	AND MANAGER Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
/ ~ ~	$\left(\right) \left($
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)