(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



700298338147

04/25/17--01014--004 **50.00

APR 2 5 2017

COVER LETTER

Division of Corporations		
SUBJECT: R A RENOVATIONS LLC		
	ted Liability Cor	mpany)
The enclosed member, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please return all correspondence concerning t	his matter to:	
MICHAEL S. TEAL		
(Contact Person)		_
MICHAEL S. TEAL, P.A.		•
(Firm/Company)		_
333 East New York Avenue, Suite A		
(Address)		_
DeLand FL 32724		
(City/State and Zip Code)		_
For further information concerning this matter	r, please call:	
Michael S. Teal	386	738-3400
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to \$\$ \$25 \text{ Filing Fee}\$\$		Pepartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		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)

	limited liability company as RENOVATIONS, LLC	s it appears on the records of the	e Florida Department
2. The Florida doc LO800011346		ssigned to this limited liability o	company is:
4. I, <u>JEANINE M</u>	ANN STEWART	igned or will withdraw/resign in, hereby withdraw/resign a	
		ne limited liability company has	been notified of my
Filing Fee:	szo 00 (Required)	ning Manager	17 AP SECRI
Certified Copy:	\$30.00 (Optional)		R 24 HASSE