

L10000108114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

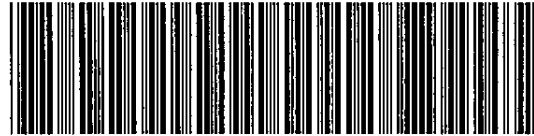
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 OCT 20 PM 2:26

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K. SALY  
OCT 20 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2016

HOME IMPROVEMENT GUIDE, LLC  
TIFFANY LAVIOLETTE  
10009 WINDING RIVER RD.  
PUNTA GORDA, FL 33950

SUBJECT: HOME IMPROVEMENT GUIDE, LLC  
Ref. Number: L10000108114

RECEIVED  
2016 OCT 20 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for HOME IMPROVEMENT GUIDE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 916A00021788

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Home Improvement Guide 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:

Tiffany Laviolette  
(Contact Person)

Home Improvement Guide LLC  
(Firm/Company)

10009 Winding River Road  
(Address)

Punta Gorda, FL 33950  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tiffany Laviolette at (941) 661-9397  
(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

FILED  
2016 OCT 20 PM 2:26  
SECRETARY OF STATE  
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: HOME IMPROVEMENT GUIDE LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000108114

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sept. 2, 2016  
James Laviolette

4. I, James Laviolette, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Member

(Print Title)

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

(X) [Signature]  
Signature of Dissociating Member or Resigning Manager

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