

L1000121403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

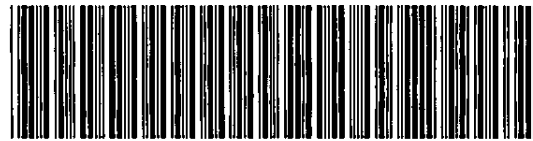
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11/14/16--01049--020 **25.00

DEC 08 2016
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV 14 PM 2:37



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 DEC -2 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 15, 2016

MICHAEL HARRINGTON
HOMESAFETYCOURS, LLC
810 SILVERBELL LANE
WELLINGTON, FL 33414

SUBJECT: HOMESAFETYCOURSES, LLC
Ref. Number: L10000121403

We have received your document for HOMESAFETYCOURSES, 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):

We have received your document for HOMESAFETYCOURSES, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of ~~\$69.00~~. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 116A00024458

11/29 Spoke to Karen
only \$25.00 is
needed - has already
been paid
M.H.
- correct forms
attached for
LLC

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homesafety Courses 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:

Michael Harrington
(Contact Person)

Homesafety Courses LLC
(Firm/Company)

810 Silverbell Ln.
(Address)

Wellington FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Harrington at (561) 602-5682
(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

FILED
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TALLAHASSEE, FLORIDA
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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: Homesafety Courses LLC

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

L10000121403

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-29-16

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

Manager/Director
(Print Title)

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

Michael Harrington
Signature of Dissociating Member or Resigning Manager

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

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