

L11000046785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

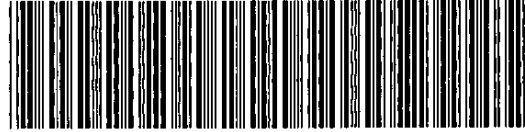
(Business Entity Name)

(Document Number)

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12 MAY 15 PM 1:49  
SEAL OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
MAY 16 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PolyHouse LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lorelei Guynn  
(Contact Person)

PolyHouse LLC  
(Firm/Company)

608 Lemonwood Dr  
(Address)

Oldsmar FL 34677  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lorelei Guynn at (813) 298-6742  
(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

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12 MAY 15 PM 1:49  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Polyhouse LLC

2. This limited liability company was organized under the laws of:

FL

3. The Florida document/registration number of this limited liability company is:

L11 0000 46785

4. I, Jeffrey C. Guynn, hereby resign as a Managing Member  
(Print Name of Person Resigning) (Print Title)

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

Jeffrey C. Guynn  
Signature of Resigning Member, Managing Member or Manager

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

12 MAY 15 PM 1:49  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA