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COVER LETTER

Division of Corporations
SUBJECT: Action 1 Inspections 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:
Tuan Naranjo (Contad Person)
Action 1 Inspections LLC (Firm/Company)
16363 Fern Dr (Address)
(Address) Weston FL 33326 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 243-3358 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee

Mailing Address:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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)

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1. The name of the li		• • •			orida De	:partm	ent
of State is:	Action 1	Inspecti	ons	LLC			<u>-</u> ·
2. The Florida docum	-	_	o this lim	ited liability con	npany is:		
	0062832						
3. The date this mem	nber/manager withdr	ew/resigned or	will with	draw/resign is: _	6/1	6/2	2024
4. I. Rita (Print Nar	Naranjo ne of Person Resigning)	, he	reby with	ndraw/resign as a	,	•	
(P	anage (_ _ ·					
of this limited liabi resignation in writi	lity company and afing.	firm the limited	liability	company has be	en notifi	ed of n	ny
	Jarly.						
Signature of Dise	sociating Member or	Resigning Mar	nager		SE(2021	
Filing Fee:	\$25.00 (Required)				NLL A	2024 JUN 2 I	- 4
Certified Copy:					3	2	
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