

L110000094041

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC 20 AM 8:30

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J. SAULSBERRY  
EXAMINER

DEC 27 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Altogether Home, 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:

Andrea Hurt

(Contact Person)

(Firm/Company)

2950 Lincroft Avenue

(Address)

Orlando, FL 32814

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Hurt

(Name of Contact Person)

at 407 718-6388

(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

CR2E079 (5/06)

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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: Altogether Home, LLC

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

3. The Florida document/registration number of this limited liability company is:  
L11000094041

4. I, Andrea Hurt, 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.

Andrea Hurt 12-13-12  
Signature of Resigning Member, Managing Member or Manager

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

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2012 DEC 20 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA