

L12000 011 294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

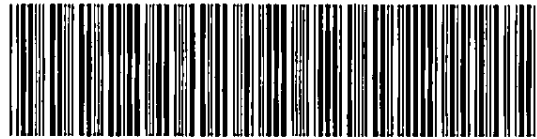
(Business Entity Name)

(Document Number)

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2019 NOV 14 AM 11:14  
SEC. 1  
TALLAHASSEE, FLORIDA

Y SUIKER

DEC 10 2019

J. BOYD DeLOACH - 1951-2018, RETIRED  
SID C. PETERSON, II  
PHILIP B. PETERSON  
JAMES C. PETERSON  
MATTHEW E. PETERSON



JAMES R. PROVENCHER, P.A. - OF COUNSEL  
DENNIS M. BALLARD - OF COUNSEL  
JOHN R. NELSON, P.E. - OF COUNSEL  
DAVID G. HAMILTON - OF COUNSEL

418 CANAL STREET · POST OFFICE BOX 428 · NEW SMYRNA BEACH · FLORIDA, 32170  
PHONE: (386) 428-2464 · FAX: (386) 423-9967

November 12, 2019

**REGISTRATION SECTION**  
**Division of Corporations**  
P. O. Box 6327  
Tallahassee, FL 32314

RE: JADA Home Services, LLC  
Reference #L120000011294  
Our File No. 19-19263

*Dear Sirs:*

In regard to the above-referenced limited liability company, enclosed please find Florida Department of State Dissociation or Resignation of Member, Manager from Florida or Foreign Limited liability company form, along with this firm's check in the amount of \$25.00 for the required filing fee.

Sincerely yours,

  
**JAMES C. PETERSON**

JCP/cmr  
Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JADA HOME SERVICES, 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:

JAMES C. PETERSON, ESQUIRE  
\_\_\_\_\_

(Contact Person)

DeLOACH & PETERSON PLLC  
\_\_\_\_\_

(Firm/Company)

P. O. Box 428  
\_\_\_\_\_

(Address)

New Smyrna Beach, Florida 32170  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

James C. Peterson \_\_\_\_\_ at ( 386 ) 428-2464  
(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

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

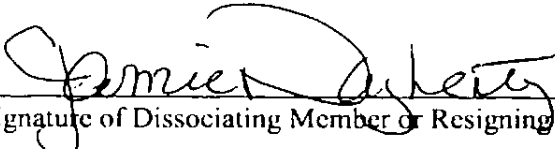
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: JADA HOME SERVICES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000011294

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/11/2019

4. I, JAMIE DOUGHERTY, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MANAGER/MEMBER  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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