

L13000026340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

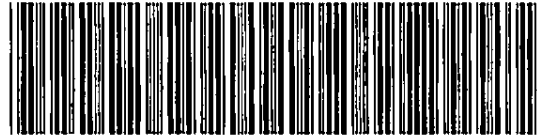
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEAL OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 05 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2017

DONNA R. DAIGLE
2239 BLANDING BLVD
MIDDLEBURG, FL 32068

SUBJECT: FLA HOMZ LLC
Ref. Number: L13000026340

We have received your document for FLA HOMZ LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 317A00015334

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLA HOMZ 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:

Donna R. Daigle

(Contact Person)

c/o

(Firm/Company)

2239 Blanding Blvd.

(Address)

Middleburg, Florida 32068

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna R. Daigle

at (904) 403-6064

(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: FLA HOMZ LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000026340

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-17-2017

4. I, James Martin Robbins, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(Print Title)

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

James Martin Robbins
Signature of Dissociating Member or Resigning Manager

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

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17 SEP - 1 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA