## L13 0000 50683

(Requestor's Name)						
(Address)						
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, .						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(=:::::::::::::::::::::::::::::::::::::						
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## **COVER LETTER**

TO: Re	egistration Section		
D	ivision of Corporations		
SUBJEC	JIMENEZ CRUZ HOMES LLC		
170 <b>20 20</b> C		Limited Liability Co	mpany)
The enclo	osed member, resignation or diss	sociation and fee(	s) are submitted for filing.
Please ret	urn all correspondence concerni	ng this matter to	:
EDUARDO	O JIMENEZ		
	(Contact Person)		_
JIMENEZ	CRUZ HOMES LLC		
	(Firm/Company)		<del></del>
11896 Zelk	cova I.n		
	(Address)		_
Orlando, Fl	lorida; 32827		
	(City/State and Zip Code)		<del></del>
For further	er information concerning this m	natter, please call	:
EDUARDO	O JIMENEZ	407 at (	2419238
	(Name of Contact Person)		e & Daytime Telephone Number)
	please find a check made payab ling Fee		Department of State for:  g Fee & Certified Copy
	niling Address: egistration Section		Street Address: Registration Section
D	ivision of Corporations		Division of Corporations
	O. Box 6327 allahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 2	anand5500, FD 52514		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)

	limited liability company as NEZ CRUZ HOMES LLC	it appears on the records	s of the Florida Department
2. The Florida doct	ument/registration number as	signed to this limited lia	bility company is:
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/re	esign is:
5 N/4 N/4 D/4 C			
MANAGER			
	(Print Title)		
resignation in wr	bility company and affirm the iting.  Second Member of Resignation (Required)	***************************************	ry has been notified of my  2024 DEC 16
	\$30.00 (Optional)		LED 16 PM 3: 1 HAY OF STE