

L13000125831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500291019745

10/07/16--01016--003 **55.00

DIVISION OF CORPORATIONS

16 OCT 7 PM 1:28

FILED

O SIMMONS
OCT 10 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INHABIT DESIGNER HOMES 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:

KEITH GAINES

(Contact Person)

INHABIT DESIGNER HOMES LLC

(Firm/Company)

701 S HOWARD AVE, STE 106

(Address)

TAMPA FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH GAINES

(Name of Contact Person)

at 813 766-6817

(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: INHABIT DESIGNER HOMES LLC

2. The Florida document/registration number assigned to this limited liability company is:
46-4315228

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-3-16

4. I, JAMIE DOSHIER, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGING MEMBER (MGRM)

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

FILED
OCT 27 PM 1:28
DIVISION OF CORPORATIONS