L13000155448

(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:				

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SECALIARY OF SIAIR

C.M.

COVER LETTER

Division of Corporations				
SUBJECT: MVP Home Services, LLC				
(Name of Limit	ed Liability Co	ompany)		
The enclosed member, resignation or dissocia	tion and fee	(s) are submitted for	filing.	
Please return all correspondence concerning the	his matter to	:		
B. Jeff Abel			14 SE	
(Contact Person)		_	JUL 21	T
(Firm/Company)		<u> </u>	PH 9: 17	
2250 SE 150 Ave.			9: 12 1A E ORID	
(Address)		<u> </u>	7.4	
Morriston, FL 32668				
(City/State and Zip Code)				
For further information concerning this matter	r, please call	l:		
B. Jeff Abel	352	220-3103		
(Name of Contact Person)	\ 	le & Daytime Telepho	one Number)	
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State or State of State or State or Department of State or Department or Departmen		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADD Registration Section Division of Corport P.O. Box 6327 Tallahassee, Flori	orations	

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROMS 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: MVF	P Home Services, LLC	·
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L1300015544	8	
3. The date this me	ember/manager withdrew/r	esigned or will withdraw/resign is:
4. I, Dwayne Boymer (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print N	lame of Person Resigning)	, notes of white any resign as a
Manager Mer	mber	
	(Print Title)	•
of this limited lia resignation in wr	- • -	the limited liability company has been notified of my
	3	
Signature of D	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	