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NRW 10-15-14

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: HOME IMPROVEMENT USA, 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:		
CHRISTOPHER WOOD.  (Contact Person)  N/A  (Firm/Company)		
P. O. Box 1032 (Address)	<b>14</b> 0CT -6	ent.
WINDERMERE, FL. 34786.  (City/State and Zip Code)	2	1
For further information concerning this matter, please call:	2:13	
CHRISTOPHER WOOD at (407) 435 4444  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:		

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

**★**\$25 Filing Fee

#### **MAILING ADDRESS:**

☐ \$55 Filing Fee & Certified Copy

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: H	OME IMPROVEMENT USA, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L 130	000177716
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 5ept. 5th 20
4. I, CHRISTON	HER PAUL WOOD, hereby withdraw/resign as a une of Person Resigning)
	NG MEMBER Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has because if ed of my ting.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)