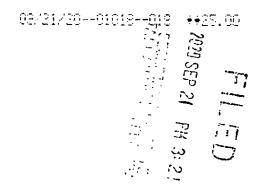
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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: T'S Remodeling and Ho (Name of Limited Liability Con	in Repair, LLC
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please return all correspondence concerning this matter to:	
Timothy Butronie	-
T's Remodeling and Home Repair Co	, -
10507 Soint Rose Ct.	
Riverview F1 33578 (City/State and Zip Code)	
· · · · · · · · · · · · · · · · · · ·	
For further information concerning this matter, please call:	
Trnothy Batronie at \$13  (Name of Contact Person) (Area Code	1955-5254
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$\times \$25 Filing Fee \$\square\$ \$\$\$ \$\square\$ \$\$\$ \$\square\$ \$\$\$ \$\square\$ \$\$\$\$ \$\square\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$\$ \$\$\$\$\$\$\$\$\$\$\$\$\$\$	epartment of State for: Fee & Certified Copy
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



## 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)

		it appears on the records of t and Home Report	· ·	
2. The Florida doe		ssigned to this limited liability	company is:	
4. 1. <u>Switt</u> (Print )		igned or will withdraw/resign		
	bility company and affirm the	e limited hability company ha	is been notified of my	· ••••
	ssociating Member or Resign \$25.00 (Required)	ning Manager	P 21 FII	
	\$30.00 (Optional)		్లు సు	