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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

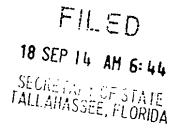
Division of Corporations	
SUBJECT: House Transformers LLC (Name of Limited Liability Con	
(Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Jeffrey Condel (Contact Person)	-
House Transformers LLC (Firm/Company)	_
151 College Drive Saile 17	-
Orange Park, FL 32065 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
Jeffrey Candel at (904 (Name of Contact Person) (Area Code) 588-5602 6 Daysiny Tulombany Number
Enclosed please find a check made payable to the Florida D	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section





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 it appears on the records of the Florida Department louse Transformers LLC.
	ument/registration number assigned to this limited liability company is:
2 /5000	ember/manager withdrew/resigned or will withdraw/resign is: 9-14.2018
4. 1	hereby withdraw/resign as a way of Person Resigning)
	(Print Title) (bility company and affirm the limited liability company has been notified of my
resignation in wi	Mh
Signature of D	issociating Member or Resigning Manager
<u> </u>	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)