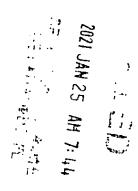
L15000102199

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:
	Office Use On	ılv



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> SIMMONS MAR 0.5 2021

COVER LETTER

Production of the state of the

,	gistration Section vision of Corporations	, •
SUBJECT	HOME SAFE RESTORATION, I	LC
JUDJECI	(Name of I	imited Liability Company)
The enclos	sed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please retu	ırn all correspondence concerni	ng this matter to:
DAVID A.	SAN GEORGE, JR.	
	(Contact Person)	
HOME SAF	FE RESTORATION, LLC	
	(Firm/Company)	
3393 SW 42	2ND AVENUE, SUITE 1	
	(Address)	
PALM CIT	Y, FLORIDA 34990	
	(City/State and Zip Code)	
For further	r information concerning this m	atter, please call:
GREGG M.	CASALINO	772 231 - 4343 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed p		e to the Florida Department of State for: \$\Boxed{\Boxes} \$\$\$ \$\$ \$\$ Filing Fee & Certified Copy
	illing Address: gistration Section	Street Address: Registration Section
	vision of Corporations	Division of Corporations
	D. Box 6327	The Centre of Tallahassee
Tal	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

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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 ap	ppears on the records of the Florida Department
of State is: HOM	ME SAFE RESTORATION, LLC	·
2. The Florida doc	ument/registration number assign	ed to this limited liability company is:
L15000102	199	_
3. The date this me	mber/manager withdrew/resigne	d or will withdraw/resign is:
4. I, ADDEO HOLD	INGS, LLC, BY WILLIAM ADDEO	, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
MANAGING ME	EMBER	
	(Print Title)	
of this limited lia resignation in wr		nited liability company has been notified of my
within 1	um DODATOD	
Signature of Di	issociating Member or Resigning	Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	