

L15000113795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

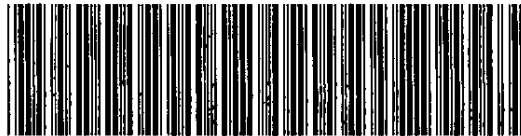
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100286432511

06/06/16--01028--017 **25.00

FILED
2016 JUN -7 P 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 08 2016
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Precision Solutions Home Restorations
(Name of Limited Liability Company) ~~LLC~~ **LLC**

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Glen Johnson
(Contact Person)

Precision Solutions Home Restoration LLC
(Firm/Company)

1310 Mann Ave NW
(Address)

Palm Bay FL 32907
(City/State and Zip Code)

For further information concerning this matter, please call:

Glen Johnson at (904) 754-6777
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2016 JUN 7 P 3:46
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



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: Precision Solutions Home

2. The Florida document/registration number assigned to this limited liability company is:

L25000113795

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/28/16

4. I, Glen Johnson, hereby withdraw/resign as a

(Print Name of Person Resigning)

McRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2016 JUN -1 P 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED