

L15000125489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

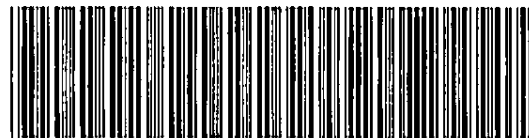
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF

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OCT 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fox Total Home, 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:

Deane Bowen Fox

(Contact Person)

Fox Total Home

(Firm/Company)

321 Taylor Street

(Address)

Punta Gorda, Florida 33950

(City/State and Zip Code)

For further information concerning this matter, please call:

Deane Bowen Fox

(Name of Contact Person)

at (941) 249-2643
(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



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: Fox Total Home, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000125489

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/07/2017

4. I, Ronald Cole, hereby withdraw/resign as a
(Print Name of Person Resigning)

Project Supervisor

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

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