## L15000137536

(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:





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## **COVER LETTER**

Division of Corporations
SUBJECT: Joyner Home Repair 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:
(Contact Person) (Contact Person)
Joyner Home Repair LLC (Fim/Company)
3780 Juniper Lone
Ormand Beach, FL 32174 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person)  (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  \$\sum \\$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

, ...**>** ...

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)

1. The name of the li	imited liability com	npany as it appears	on the records of the	Florida Dep	artme	nt
of State is:	oyner	Home	Repair	LLC		.•
2. The Florida docum	ment/registration nu	umber assigned to	this limited liability c	ompany is:		
L1500	0013753	36				
3. The date this mem	nber/manager witho	drew/resigned or w	vill withdraw/resign is	July	16,	23
4. I. Br 000	\ <del></del>	uner. here	eby withdraw/resign a	,		
<u> </u>	1BR Print Title)	<u></u> .				
of this limited liabi	-	affirm the limited l	iability company has	been notified	d of m	Υ <u>-                                   </u>
Bran	/2/ T	<i>T</i>			2023 JUL 24	
Signature of Diss	sociating Member	Resigning Mana	iger		4M 11: 27	ale M
Filing Fee:	\$25.00 (Required	•			: 27	:
Certified Copy:	\$30.00 (Optional	l)			_	