L15000159770

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: FLORIDA MANUFACTURED HOM	ME SALES, LL	C
	(Name of Lim	ited Liability (Company)
The e	nclosed member, resignation or dissoci	iation and fe	e(s) are submitted for filing.
Please	e return all correspondence concerning	this matter t	o:
JAMES	S E ORTH JR		
	(Contact Person)		
JAMES	S E ORTH JR PA		
	(Firm/Company)		
1702 S	. WASHINGTON AVENUE		
	(Address)		
TITUS	VILLE FL 32780		
	(City/State and Zip Code)		
For fu	rther information concerning this matte	er, please cal	II:
JAMES		_ at (³²¹	
	(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: ing Fee & Certified Copy
		<u> </u>	ing ree & certified copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO:



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FLORIDA DEPARTMENT OF STATEALLAHASSEE, FLORIDA
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: FLOR	IDA MANUFACTURED HOME SALES, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L15000159770	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 10-20-23
4. I, NANCI L. MORE	RISON , hereby withdraw/resign as a ame of Person Resigning)
MANAGER (Print Title)
of this limited liab	pility company and affirm the limited liability company has been notified of my ting.
1 lanox	Ma.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)