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Office Use Only



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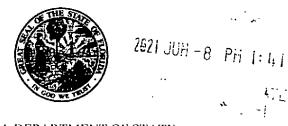
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COVER LETTER

TO: Regi	stration Section		
Divis	sion of Corporations		
SUBJECT:	Your #1 Home Solutions LLC		
	(Name o	f Limited Liability C	Company)
The enclosed	I member, resignation or di	ssociation and fee	e(s) are submitted for filing.
Please return	all correspondence concer-	ning this matter to	D :
Mark Irizarry			
	(Contact Person)		<u> </u>
	(Firm/Company)		
2104 engessor	rd		
	(Address)	<u>. </u>	
Zephyrhills, FL	. 33540		
	(City/State and Zip Code)	 .	<u> </u>
For further in	nformation concerning this i	matter, please call	l:
Mark Irizarry		813 at (7834872
(Na	ame of Contact Person)		le & Daytime Telephone Number)
Enclosed plea	ase find a check made payal		
■ \$25 Filing	, ree	□ \$55 Filir	ng Fee & Certified Copy
	g Address:		Street Address:
	tration Section on Corporations		Registration Section
	Box 6327		Division of Corporations The Centre of Tallahassee
	nassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee FL 32303



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:	Your #1 Home Solutions LLC
2. The Florid	a document/registration number assigned to this limited liability company is:
3. The date th	is member/manager withdrew/resigned or will withdraw/resign is:
4. I	
COO	
	(Print Title)
of this limit resignation	ed liability company and affirm the limited liability company has been notified of my in writing.
Ch	ustria Figuro 6
Signature	of Dissociating Member or Resigning Manager
Filing Fee: Certified Cor	• • • •