

L15000165469

(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



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12/22/17--01020--014 **87.50

FILED
18 JAN 19 PM 4:05
CLERK OF COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN

JAN 22 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2017

MAGNUM OWENS
145 4TH AVENUE UNIT C6
SHALIMAR, FL 32579

SUBJECT: AMERICAN HOME REPAIR & REMODELING LLC
Ref. Number: L15000165469

We have received your document for AMERICAN HOME REPAIR & REMODELING LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 817A00026074

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Home Repair & Remodeling
(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:

Magnum Owens
(Contact Person)

American Home Repair & Remodeling
(Firm/Company)

145 4th Ave unit C6 Shalimar FL 32579
(Address)

Shalimar FL 32579
(City/State and Zip Code)

For further information concerning this matter, please call:

Magnum Owens at (950) 982 0879
(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

• Payment has already been received.

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



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: American Home Repair & Remodeling

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

L15000165469

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/1/2017

4. I, Charles William Bracks, hereby withdraw/resign as a
(Print Name of Person Resigning)

Officer

(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)

FILED
18 JAN 19 PM 4:05
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE