## LILAOOS4003

(F	Requestor's Name)	·		
(Address)				
(Address)				
(0	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



200285517012

05/13/16--01005--005 \*\*25.00



MAY 17 20!3 ). BRUCE

## **COVER LETTER**

CR2E079 (2/14)

SUBJECT: Home Encounter 1, LLC  (Name of Limited Liability Company)  The enclosed member, resignation or dissociation and fee(s) are submitted for filir  Please return all correspondence concerning this matter to:  Chase Clark  (Contact Person)  Home Encounter 1, LLC  (Firm/Company)  12906 Tampa Oaks Blvd, Suite 100  (Address)  Temple Terrace, FL 33637  (City/State and Zip Code)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to:  Chase Clark  (Contact Person)  Home Encounter 1, LLC  (Firm/Company)  12906 Tampa Oaks Blvd, Suite 100  (Address)  Temple Terrace, FL 33637	ng.
Please return all correspondence concerning this matter to:  Chase Clark  (Contact Person)  Home Encounter 1, LLC  (Firm/Company)  12906 Tampa Oaks Blvd, Suite 100  (Address)  Temple Terrace, FL 33637	ng.
Chase Clark  (Contact Person)  Home Encounter 1, LLC  (Firm/Company)  12906 Tampa Oaks Blvd, Suite 100  (Address)  Temple Terrace, FL 33637	
(Contact Person)  Home Encounter 1, LLC  (Firm/Company)  12906 Tampa Oaks Blvd, Suite 100  (Address)  Temple Terrace, FL 33637	
Home Encounter 1, LLC  (Firm/Company)  12906 Tampa Oaks Blvd, Suite 100  (Address)  Temple Terrace, FL 33637	
(Firm/Company)  12906 Tampa Oaks Blvd, Suite 100  (Address)  Temple Terrace, FL 33637	
12906 Tampa Oaks Blvd, Suite 100  (Address)  Temple Terrace, FL 33637	
(Address)  Temple Terrace, FL 33637	
Temple Terrace, FL 33637	
(City/State and Zin Code)	20
(city)::::::::::::::::::::::::::::::::::::	2016 MAY
For further information concerning this matter, please call:	
Chase Clark 813 7894130	$\triangleright$
(Name of Contact Person) at ( at ()	Number)
Enclosed please find a check made payable to the Florida Department of State for \$25 Filing Fee  \$25 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 3	ons



## 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	s it appears on the record	ds of the Florida Department	
of State is:	e Encounter 1, LLC			
2. The Florida doc	ument/registration number a	ssigned to this limited l	iability company is:	
L1600005400	3			
3. The date this me	mber/manager withdrew/res	signed or will withdraw	/resign is:	
4. l, Brad van Rooyen  (Print Name of Person Resigning)		hereby withdraw	hereby withdraw/resign as a	
(Print N	'ame of Person Resigning)	, nercoy withdraw	rresign as a	
Authorized M	ember			
	(Print Title)			
of this limited lia resignation in wr		ne limited liability comp	pany has been notified of my	
Signature of D	issociating Member or Resig	gning Manager	A II:	
	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			