

L16000138165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

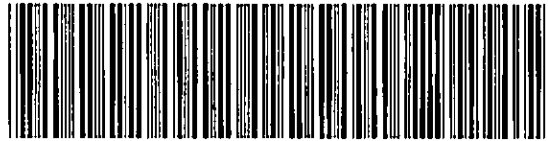
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TOLSON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Visions Build and Remodel, 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:

Daniel Koerner Sr

(Contact Person)

Pro Visions Build and Remodel, LLC

(Firm/Company)

12832 Balsam Ave

(Address)

Hudson, FL 34669

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Koerner Sr

631 245-0108
at ()

(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

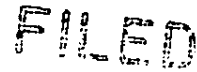
☐ \$55 Filing Fee & Certified Copy

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



2022 OCT 27 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FL

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