46000138165

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)	·	
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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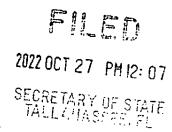
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COVER LETTER

TO: Registration Section Division of Corporations Pro Visions Build and Remodel, LLC SUBJECT: (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 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: Street Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
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)

	visions Builda and Remodel LLC ument/registration number assign	ed to this limited liability company is:
L16000138165		
3. The date this me	ember/manager withdrew/resigned	f or will withdraw/resign is:
4. I. Deborah A Koe	mer	. hereby withdraw/resign as a
(Print N	Name of Person Resigning)	,
Manager		
	(Print Title)	
of this limited lia resignation in wr	- •	ited liability company has been notified of my
Debor	ah a. Koer	ner
Signature of D	issociating Member or Resigning	Manager
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	