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(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Haine)				
(Document Number)				
Certified Copies Certificates of Status				
<u></u>				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER .

_	ration Section on of Corporations			
SUBJECT:	Boss Home Improvement LLC			
	(Name of Limited Liability Company)			
The enclosed	member, resignation or diss	sociation and fee(s) are submitted for filing.	
Please return :	all correspondence concern	ing this matter to:		
Brianne Madrige	ıl			
	(Contact Person)		_	
	(Firm/Company)		_	
1812 SW 53 Avi	٠			
	(Address)		_	
Plantation FL 33	317			
	(City/State and Zip Code)		_	
For further inf	formation concerning this n	natter, please call:		
Brianne Madriga	ıl	768 at (717-9091)	
(Na	me of Contact Person)	(Area Code) e & Daytime Telephone Number)	
Englosed plea	se find a check made payah	ole to the Florida I	Department of State for:	
S25 Filing			g Fee & Certified Copy	
	Address:		Street Address:	
	ration Section on of Corporations		Registration Section Division of Corporations	
	fox 6327		The Centre of Tallahassee	
	assec, FL 32314		2415 N. Monroe Street, Suite 84 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)

	Home Improvement LLC	it appears on the records of the Florida Departme
2. The Florida doct	ament/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 11/12/2020
4. 1. Brianne Madrigal (Print Name of Person Resigning)		
Manager		
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of m
B-	2	
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	23 MH.