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## **COVER LETTER**

**TO:** Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

**Division of Corporations** ALL-PRO HOME IMPROVEMENTS 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: **Phil Miles** (Contact Person) ALL-PRO HOME IMPROVEMENTS LLC (Firm/Company) 3037 Salisbury Cove (Address) Oviedo, FL 32765 (City/State and Zip Code) For further information concerning this matter, please call: (407 314-4260 (Area Code & Daytime Telephone Number) Phil Miles (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM-FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Statutes)

	limited liability compan	y as it appears on the records of the Florida Department /EMENTS LLC	
2. The Florida doc	_	er assigned to this limited liability company is:	
3. The date this me	ember/manager withdrew	//resigned or will withdraw/resign is:	
Christophor Nalson			
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a	
Authorized m	ember		
	(Print Title)	<del>-</del> ·	
of this limited lia resignation in wr	· · · · · · · · · · · · · · · · · · ·	m the limited liability company has been notified of my	
Unan	Mulau-	11/10/18	
Signature of D	issociating Member or R	<b>^</b>	
<del>-</del>	\$25.00 (Required) \$30.00 (Optional)	Achonwledged 11-6-18 by Chirs Nebon Fly Privers FL, Serinsle Show	
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