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COVER LETTER

20 July 20 PH 2: 25 TO: Registration Section **Division of Corporations** Harrison House 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: April DeVona (Contact Person) IGeocktails Inc. (Firm/Company) 1881 79th st. cswy #1202 (Address) Northbay Village, Fl 33141 (City/State and Zip Code) For further information concerning this matter, please call: April DeVona (Area Code & Daytime Telephone Number) (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 Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



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 it appears on the records of the Florida Department
of State is: Harris	son House LLC
	ument/registration number assigned to this limited liability company is:
1.16000223969	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 12/26/2019
4. I, IG COCKTAILS	inc, hereby withdraw/resign as a lame of Person Resigning)
(Print N	lame of Person Resigning)
Member	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	April DeVona
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	