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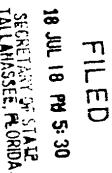
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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K. SALY JUL 25 2018

COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations Home Smart Improvements 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: Jorge Hernandez (Contact Person) Home Smart Improvements LLC (Firm/Company) 1764 Lockwood Ave (Address) Orlando, Fla., 32812 (City/State and Zip Code) For further information concerning this matter, please call: 321 246-8221 Jorge Hernandez (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 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 Tallahassee, Florida 32301





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)

	ument/registration number assigned to this limited liability company is:
L1700011078	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Kevin Paddo	hereby withdraw/resion as a
(Print N	hereby withdraw/resign as a lame of Person Resigning)
Manager/Ow	ner
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Kun	Pullal
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)