

L17000184 980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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S. YOUNG

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18 OCT 26 PM 6:47
ST. JOHN'S COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clary Custom Homes, 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:

Charles Hennigan
(Contact Person)

(Firm/Company)

9613 Leeward Way
(Address)

NAVARO, FL 32566
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Hennigan Jr at (318) 564-1025
(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA



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: CLAY Custom Homes, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L17000184980

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/24/2018

4. I, Charles Hennigan, hereby withdraw/resign as a
(Print Name of Person Resigning)

member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Charles Hennigan
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
18 OCT 26 PM 6:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA