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PICK-UP	WAIT	MAIL			
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Special Instructions to Filing Officer:					

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COVER LETTER

TO: Registration Section Division of Corporations				
Next Era Renovations LLC SUBJECT:				
(Name of Limite	ed Liability Co	mpany)	_	
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to:	:		
Jim Bonabhan			16 22	
(Contact Person)		— 五 元	<u>}</u> 25	دساويون المعرف
C/O James Wirken		SEEK,	AN 8: 92	-
(Firm/Company)		יי גרר	S &	ζ.
4741 Central St., Ste. 517)XIU. >		
(Address)	-	_		
Kansas City, Mo. 64112				
(City/State and Zip Code)	<u> </u>	Mar-		
For further information concerning this matter	, please call:	:		
James Wirken	816 at (550-6393		
(Name of Contact Person)	\	e & Daytime Telephone Number	-)	
Enclosed please find a check made payable to ☐ \$25 Filing Fee		Department of State for: g Fee & Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section	Registration Section			
ivision of Corporations Division of Corporat P.O. Box 6327				

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

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)

	mited liability company as Fra renovations LLC	it appears on the record	ds of the Florida Department.
	nent/registration number a	ssigned to this limited li	ability company is:
3. The date this mem	ber/manager withdrew/res	igned or will withdraw/	resign is: August 8, 2018
4. I, Jim Bonabhan (Print Name of Person Resigning)			
Member			
(P	rint Title)		
of this limited liabil resignation in writi		e limited liability comp	any has been notified of my
Signature of Diss	ociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		