L/8000001925

(Requestor's Name)
(1072000.0.1000)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations			
SUBJECT: Barber Homes, LLC			
(Name of Limited Liability Company)			
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to:		
Angela Leal-Barber			
(Contact Person)		-	
Barber Homes			
(Firm/Company)	•	-	
9016 Savannah Magnolia Lane			
(Address)	7-1°	-	
Orlando, FL 32832			
(City/State and Zip Code)	<u> , </u>	-	
For further information concerning this mat	tter, please call:		
Brandon Barber	40 7	536-9695	
(Name of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable ■ \$25 Filing Fee		repartment of State for: Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassaa, Florida 32314	
Tallahassee, Florida 32301		Tallahassee, Florida 32314	





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	imited liability company as it appears on the records of the Florida Departmen
of State is: Barbo	er Homes, LLC BRANDON RYAN BARBER, UC.
	ment/registration number assigned to this limited liability company is:
L18000001925	
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 03/05/2018
4. I, Angela Leal-E	
····, 	me of Person Resigning)
CEO	
	Print Title)
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified of my ting.
auxlo	eal-Rouber
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)