## L18000029855

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
| definited copies                        |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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\*\*N 23 2021 S. YOUNG

## **COVER LETTER**

**Division of Corporations** BY BUILDERS, 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: ROBERT KIESLING P.A. (Contact Person) TAX ADVISORS OF PALM BEACH (Firm/Company) 1375 GATEWAY BLVD SUITE #44 (Address) BOYNTON BEACH, FL., 33426 (City/State and Zip Code) For further information concerning this matter, please call: ROBERT KIESLING (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO:

Registration Section



## 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 a              | s it appears on the records of the I  | Elorida Der | artmen  | ıt     |
|--|--|---------------------------------------|-------------|---------|--------|
| of State is: BY  | BUILDERS LLC                             |                                       | <del></del> |         |        |
| 2. The Florida docu<br>L8000029855   | ument/registration number a              | assigned to this limited liability co | mpany is:   |         |        |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is |  | :                                     |             |         |        |
| 4. I   | REDINO  ame of Person Resigning)         | , hereby withdraw/resign as           | a           |         |        |
| MANAGER MEI  |  |                                       |             |         |        |
|  | (Print Title)                            |                                       |             |         |        |
| resignation in wr  |  | he limited liability company has b    |             | d of my |        |
|  | \$25.00 (Required)<br>\$30.00 (Optional) |                                       | - 4         |         | -cauch |