

L18 000046726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

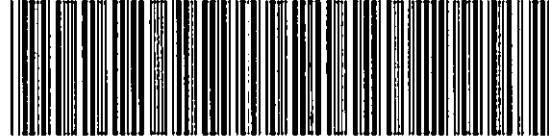
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500370880645

08/02/21--01021--023 \*\*55.00

08/17/2021  
JH

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RESIDENTIAL CHOICES 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:

ANH FEARRINGTON

\_\_\_\_\_  
(Contact Person)

RESIDENTIAL CHOICES LLC

\_\_\_\_\_  
(Firm/Company)

19816 WELLINGTON MANOR BLVD

\_\_\_\_\_  
(Address)

LUTZ, FL 33549

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANH FEARRINGTON

\_\_\_\_\_  
(Name of Contact Person)

813 263-7230  
at (\_\_\_\_\_) \_\_\_\_\_  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FILED

2021 AUG -2 PM 12: 25

SECRETARY OF STATE  
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: RESIDENTIAL CHOICES LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L18000046726
3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 20, 2021
4. I, HAROLD C FEARRINGTON III, 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.

Signature of Dissociating Member or Resigning Manager

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