

L18 000065120

(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



200341972752

03/13/20--01026--004 **25.00

20 MAR 13 PM 3:24
STATE

*Dissociation
of a member*

MAR 30 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE HOME CONSTRUCTION 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:

MICHAEL NUNEZ

(Contact Person)

INNOVATIVE HOME CONSTRUCTION LLC

(Firm/Company)

9458 RANDALL PARK BLVD, APT 1117

(Address)

ORLANDO, FLORIDA 32824

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL NUNEZ

(Name of Contact Person)

at (954) 734-3986

(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

20 MAR 13 PM 3:24

STATE OF FLORIDA
DEPARTMENT OF STATE



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: FLORIDA Innovative Home Construction LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000065120

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/01/2020

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

MANAGER
(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

2019 MAR 13 PM 3:24
STATE

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