

L18000089254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

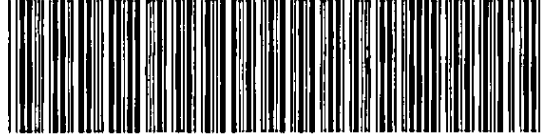
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HD Home 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:

Barbara Johnson

(Contact Person)

Barbara Johnson

(Firm/Company)

2727 NE 15TH ST

(Address)

FT LAUDERDALE FLORIDA 33304

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Johnson

954

205-5407

at ( )

(Name of Contact Person)

(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



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SECRETARY OF STATE  
TALLAHASSEE, FL

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: IID HOME LLC.
2. The Florida document/registration number assigned to this limited liability company is: 118000089254.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04-01-2022
4. I, E Richard Johnson, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
  
*(Print Title)*

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