## L18000089692

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(Ad	dress)	
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Homes By (Name of Limited	DW, LLC  1 Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Derrityn Cerbone (Contact Person)	
Henres by DW, (Firm/Coupany)	<u> </u>
538 Rookery Pl	
Jupiter Fl. 3345 (City/State and Zip Code)	8
For further information concerning this matter,	please call:
(Name of Contact Person)	( <u>561)</u> <u>361-866</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: □ \$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



## 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 o	n the records of the Florida Department
of State is: H	omeshy Dw, 11c	
2. The Florida doc	ument/registration number assigned to th	is limited liability company is:
L 180	00089692	
3. The date this me	mber/manager withdrew/resigned or will	withdraw/resign is: 1   2021
4.1. William	Hullian M., hereby	
M	GR.	;
of this limited lia resignation in wr	bility company and affirm the limited lial iting.	bility company has been notified of my
Signature of Di	ssociating Member or Resigning Manage	(P) P
Signature of Di	ssociating Memoer of Resigning Manage	19 THE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	