## L18 0000 91725

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CECRETARY OF STATE

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## **COVER LETTER**

SUBJECT: R 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:
Kerry Cruzado (Contact Person)
Michael E. Dris, PA (Firm/Company)
2925 A1+ 19, Ste A
Palm Harbor FL 34683 (City/State and Zip Code)
For further information concerning this matter, please call:
Kerry Cruzado at (727) 786-5600 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sim \text{\$\subset}\$ \$\text{\$\subset}\$ \$\$\subse
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

**TO:** Registration Section

**Division of Corporations** 



## 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:	2 Home Construction, LLC
2. The Florida docu	ament/registration number assigned to this limited liability company is:
<u>L180</u>	00091725
	ember/manager withdrew/resigned or will withdraw/resign is: 10-13-19
4. I. <u>Keegy</u>	B. Roorda hereby withdraw/resign as a same of Person Resigning)
ma	ORALL Prim Title
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	- La-
Signature of Di	ssociating Member or Resigning Manager
<del>-</del>	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)