L18000106663

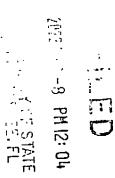
(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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12/08/22--01007--003 **50.00

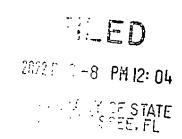


COVER LETTER

Division of Corporations	
TARGET HOUSE PROPERTY SOLUTI SUBJECT:	ONS LLC
	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
AQUINO COLE	
(Contact Person)	
TARGET HOUSE PROPERTY SOLUTIONS LLC	
(Firm/Company)	
864 WINCHESTER STREET	
(Address)	
DAYTONA BEACH FL 32114	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
AQUINO COLE	386 506 9296
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for:
•	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1 ananassee, 1 L 32314	Tallahassee, FL 32303







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company GET HOUSE PROPERTY SOI	as it appears on the records of the Florida Department LUTIONS LLC
2. The Florida doc L18000106663	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/t	resigned or will withdraw/resign is:
4. I. MICHAEL BRO	ADUS 'ame of Person Resigning)	. hereby withdraw/resign as a
MANAGER	, , ,	
-	(Print Title)	·
of this limited lia resignation in wr		the limited liability company has been notified of my
MI	1 Show	aprill_
Signature of D	issociating Member or Res	signing Manager
	\$25.00 (Required) \$30.00 (Optional)	