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2078 PT - 7 PH I2: 57

C. GOLDEN MAY 2.7 2020

COVER LETTER

	Registration Section Division of Corporations	
SUBJE	CT: Horizon Tiles LL (Name of Limited Liability C	ompany)
The enc	losed member, resignation or dissociation and fee	(s) are submitted for filing.
Please r	cturn all correspondence concerning this matter to	o:
<u> </u>	Contact Person)	
	Honson Miles DC (Fina/Company)	_
160	o Zig Tree Good, Unit K3	
<u> Luc</u>	City/State and Zip Code)	
For furt	her information concerning this matter, please cal	1:
	(Name of Contact Person) at (386)	de & Daytime Telephone Number)
	ed please find a check made payable to the Florida Filing Fee \$55 Fili	Department of State for: ing Fee & Certified Copy
4	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 of State is: Hor	limited liability company as it appears on the records of the Florida Department
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L 1800	0183841
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 02/29/2020
	ime of Person Resigning)
ME	Print Tule)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
)	Way 4 30 2020
Signature of Di	ssocialing Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)