

L18000 207378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

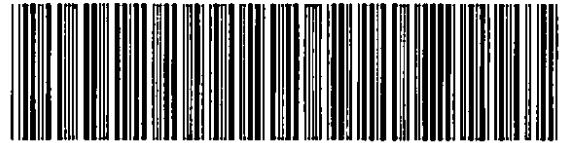
(Business Entity Name)

(Document Number)

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

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JAN 3 2020  
C. H. H. H. H.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Laird Home Improvement, LLC  
(Name of Limited Liability Company)

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DIVISION OF CORPORATIONS  
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The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Scott Eugene Laird  
(Contact Person)

Laird Home Improvement LLC  
(Firm/Company)

1034 Idlewild Dr. N.  
(Address)

Dunedin, FL 34698  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Laird at (727) 648-3423  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**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: Laird Home Improvement LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L18000207378.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-31-2019.
4. I, Kelly C. Laird, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Member  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X Kelly C. Laird  
Signature of Dissociating Member or Resigning Manager

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