

L18000223492

(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:

Office Use Only



400352469394

RECEIVED
SEP 28 2020

09/29/20--01011--031 **25.00

RECEIVED

FILED

2020 SEP 28 P 12:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

VS
11/5/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Winds Renovations, 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:

Mike Green

(Contact Person)

Southern Winds Renovations, LLC

(Firm/Company)

7241 Thor Lane

(Address)

Pensacola, Florida 32526

(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Green

(Name of Contact Person)

at (850) 776 4106

(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

**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: Southern Winds Renovations, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L18000223492

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 25 Sep 2020

4. I, Randall Holland Jr., hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 SEP 28 P 12:36

FILED