L18000232425

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
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Division of Corporations	•	•
SUBJECT: JDL Home Repairs, LLC Name of Units	nited Liability	v Company
DOCUMENT NUMBER: L18000232425	inted Caloning	Company
The enclosed Resignation of Registered Agent for filing.	for a Limite	d Liability Company and fee are submitted
Please return all correspondence concerning th	is matter to t	he following:
Amanda Lavigne		
Name of Person		-
JDL Home Repairs Name of Firm/Company	<u>uc</u>	-
6615 Anchor Loop Apt 304		
Address		-
Bradenton, FL 34212		
City/State and Zip Code	•••	-
amandalee92988@gmail.com		
E-mail address: (to be used for future annual report	t notification)	-
For further information concerning this matter,	please call:	
Jeremiah Lavigne . at	941 1 (725-2700
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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)

	limited liability company as	s it appears on the recor	rds of the Florida Department
2. The Florida doc	ument/registration number a	ssigned to this limited l	iability company is:
Amanda Lavian	ame of Person Resigning)		
of this limited lia resignation in wr			pany has been notified of my
	\$25.00 (Required) \$30.00 (Optional)		FILED 1000 OCT -2 P 1000 FIGURES 1000 ALLAHASSIEFE