

L18000268821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

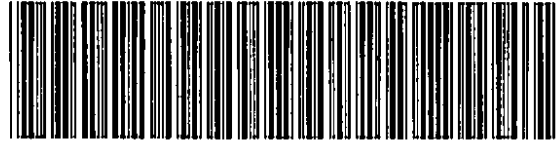
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700391971277

08/12/22--01014--009 ++50.00

SEP 1 2022 10:00 AM
TALLAHASSEE, FL

2022 AUG 12 PM 3:27

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple H Home Services, 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:

Allyson Clark
(Contact Person)

N/A
(Firm/Company)

412 Byrd Parker Dr.
(Address)

Dewahitchba, FL 32465
(City/State and Zip Code)

For further information concerning this matter, please call:

Allyson Clark at (850) 628-4313
(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

FILED
2022 AUG 12 PM 3:27
SCOTT A. JONES
TALLAHASSEE, FL

**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: Triple H Home Services, LLC

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

L18000268821

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/4/22

4. I, Allyson Clark, hereby withdraw/resign as a
(Print Name of Person Resigning)

VP (Vice President)
(Print Title)

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

Allyson Clark

Signature of Dissociating Member or Resigning Manager

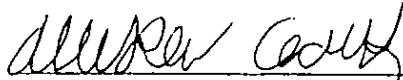
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF GULF

I, **ALLYSON CLARK**, am the Vice President of Triple H Home Services, LLC, and I do hereby swear or affirm that:

1. Per Florida Department of State, Division of Corporations, my title is Vice President of Triple H Home Services, LLC.
2. The Florida Document registration number assigned to this limited liability company is L18000268821.
3. The mailing address for Triple H Home Services, LLC, is 612 Byrd Parker Dr., Wewahitchka, FL 32465.
4. I hereby resign and withdraw as Vice President of Triple H Home Services, LLC, and affirm this limited liability company has been notified of my resignation in writing.



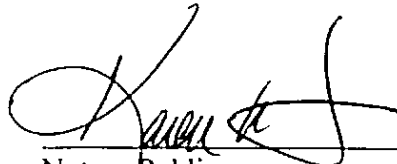
Signature of Resigning Vice President

Allyson Clark

Print Name

STATE OF FLORIDA
COUNTY OF BAY

I HEREBY CERTIFY that on this ____ day, of August, 2022, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared, **ALLYSON CLARK** and who is personally known to me, who executed the foregoing instrument and who acknowledged before me that she executed the same for the reasons therein expressed.



Notary Public

My commission expires:

