

L18000 270509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2020 SEP 11 AM 8:57  
CLERK OF STATE  
TALLAHASSEE, FL

JQ 10/20/20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SOUTHERN MAJESTIC HOMES ENVIRONMENTAL SERVICES LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STANLEY DORITY

Name of Person

SOUTHERN MAJESTIC HOMES ENVIRONMENTAL SERVICES LLC

Firm/Company

2801 NURSERY RD

Address

LAKE WALES, FL 33859

City/State and Zip Code

STAN@SOUTHERNMAJESTICHOMES.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STANLEY DORITY

863

528-6719

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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 MAJESTIC HOMES ENVIRONMENTAL SERVICES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000270509

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/8/2020

4. I, KAYLA L MCCAULEY, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

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

*Kayla McCauley* 9/8/2020  
Signature of Dissociating Member or Resigning Manager

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

**FILED**  
2020 SEP 11 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FL