

L18000271421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

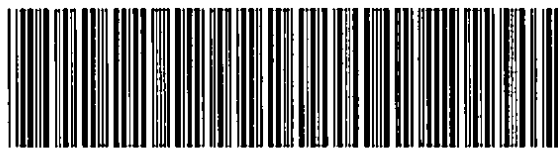
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10085

Office Use Only



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03/10/20--01027--019 **55.00

FILED

2020 APR - 1 PM 4:18

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32309

APR 01 2020
S. YOUNG

Jahlani Akil
2918 Willow Bay Terrace
Casselberry, FL 32707

3-30-2020

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

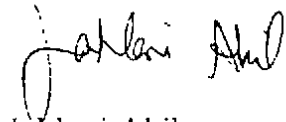
RE: Domus Innovatio | L18000271421 | Resignation

Greetings,

A resignation form was previously submitted, and received by your office on 3-10-2020 - albeit on the incorrect form - for this LLC along with a fee of \$35. Please apply the appropriate \$25 resignation fee for this LLC and send me a refund of \$10 to the following address:

Jahlani Akil
2918 Willow Bay Terrace
Casselberry, FL 32707

All the best,



Jahlani Akil

RECEIVED

APR 01 2020

COVER LETTER

TO: Registration Section
Division of Corporations

DOMUS INNOVATIO, LLC

SUBJECT: _____
(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:

JAHLANI AKIL

(Contact Person)

N/A

(Firm/Company)

2918 WILLOW BAY TERRACE

(Address)

CASSELBERRY, FL 32707

(City/State and Zip Code)

For further information concerning this matter, please call:

JAHLANI AKIL

407

595-2479

(Name of Contact Person) at (_____) _____
(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: DOMUS INNOVATIO, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000271421

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4 MARCH, 2020
JAHLANI AKIL

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

(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)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALL AMASSE FILED HEREIN

2020 APR -1 PM 4:18

FILED