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COVER LETTER

TO: Registration Section Division of Corporations HOMEOLOGY PROPERTY INSPECTION, 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: (Contact Person) HOMEOLOGY PROPERTY INSPECTION, LLC (Firn/Company) 5440 SUNSEEKER BLVD (Address) **GREENACRES, FL 33463** (City/State and Zip Code) For further information concerning this matter, please call: at (_____) 352-5486 (Area Code & Daytime Telephone Number) JAMES AMEND (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

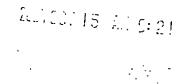
Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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 it appears on the records of the Florida Department EOLOGY PROPERTY INSPECTION, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L19000001568	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
111400 414010	
(Print N	, hereby withdraw/resign as a a a a a a a a a a a a a a a a a a
AMBR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
)	
Signature of D	ssociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)