49000013577

(Ren	uestor's Name)	
(1104	acsioi s riame,	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

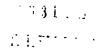
Office Use Only



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2019 JAH 25 FD 3: 12



COVER LETTER ...

Division of Cor	porations		
SUBJECT: BORGE	S HOMES LLC		
	(Name of Lin	nited Liability Cor	mpany)
The enclosed member,	resignation or dissoc	iation and fee(s	s) are submitted for filing.
Please return all corres	pondence concerning	this matter to:	
ERICKA LOPES			
. ((Contact Person)		_
FLORIDA TAX HOU	SE		
	(Firm/Company)		_
7550 FUTURES DR	. SUITE 306		
	(Address)	-	_
ORLANDO -FL - 32	819		
(Cit	y/State and Zip Code)		_
For further information	concerning this mat	ter, please call:	
ERICKA LOPES		352 at (459-1054
(Name of Co	ntact Person)	_ \	& Daytime Telephone Number)
Enclosed please find a ■ \$25 Filing Fee	check made payable		Department of State for: 3 Fee & Certified Copy
STREET/COURIER	ADDRESS:		MAILING ADDRESS:
Registration Section			Registration Section
Division of Corporatio Clifton Building	ns		Division of Corporations P.O. Box 6327
2661 Executive Center	Circle		Tallahassee Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



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	s it appears on the reco	rds of the Flo	orida Dep	artment
of State is: BOF	RGES HOMES LLC				·
2. The Florida doc L1900001357	ument/registration number a	ssigned to this limited	liability com	pany is:	
3. The date this mo	ember/manager withdrew/res	signed or will withdraw	v/resign is:	1/22/201	9
4. I, MARCIA S DOVAL BORGES (Print Name of Person Resigning). hereby withdraw/resign as a					
AMBR					
	(Print Title)				
	bility company and affirm th	ne limited liability com	pany has bee	n notified	i of my
resignation in wr	$\bigcap \mathcal{A}$	<i>ا</i> لا		2019 JAH	* 11
Signature of Dissociating Member of Resigning Manager		gning Manager		25	1
			:.	70	:
	\$25.00 (Required)		•	نب	
Certified Copy:	\$30.00 (Optional)			~	