

LI9000

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

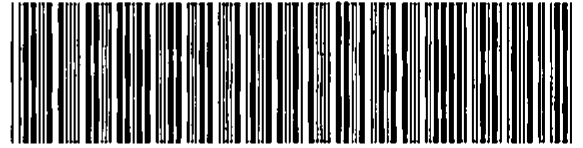
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 SEP 12 AM 11:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 2 2019
T SCHROEDER

**Title Guaranty of South Florida Inc.
3265 MERIDIAN PARKWAY, SUITE 100
WESTON, FL 33331**

September 9, 2019

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


Attn: Payment Department

RE: Buyer: House Connections LLC
Seller: Reef Properties LLC
Property Address: **5006 DELEON AVE, FORT PIERCE, FL 34950**
Our File No.: **195364A**

Ladies/Gentlemen:

Enclosed herein please find our Escrow Account wire in the amount of **\$50.00 for filing fees. Please find a copy of the Amendment and the Dissociation or Resignation of Member.**

Sincerely,


Marilynn Brantom
Post Closing Coordinator



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: HOUSE CONNECTIONS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000158764

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/28/19

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

MANAGER

(Print Title)

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

X *Devin J. Terrell*
Signature of Dissociating Member or Resigning Manager

Devin J. Terrell

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

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DIVISION OF STATE
REGISTRATION
FLORIDA