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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|----------------------|---|
| SUBJECT: HORIZON HOME MANA | | |
| (Name of | Limited Liability Co | ompany) |
| The enclosed member, resignation or diss | ociation and fee | (s) are submitted for filing. |
| Please return all correspondence concerni | ng this matter to | : |
| JULIA MASIERO MARTINEZ | | |
| (Contact Person) | | |
| HORIZON HOME MANAGERS LLC | | |
| (Firm/Company) | | |
| 7402 ASTINA STREET | | |
| (Address) | <u> </u> | _ |
| KISSIMMEE, FL - 34747 | | |
| (City/State and Zip Code) | _ | _ |
| For further information concerning this m | atter, please call | : |
| JULIA MASIERO MARTINEZ | 727 at (| 666-6107 |
| (Name of Contact Person) | | e & Daytime Telephone Number) |
| Enclosed please find a check made payabl ■ \$25 Filing Fee | | Department of State for: g Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (2/14)



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)

| | e limited liability company as it | | Florida Department |
|---|--|--|-----------------------------|
| 2. The Florida doc L1900018614 | rument/registration number assi | gned to this limited liability c | company is: \(\frac{1}{2}\) |
| , CAIO GANS | ember/manager withdrew/resign | ned or will withdraw/resign is , hereby withdraw/resign a | Oct-07-2019 |
| (Print i | · · · · · · · · · · · · · · · · · · · | | |
| of this limited lia resignation in w | ibility company and affirm the lating. | limited liability company has | been notified of my |
| Signature of D | issocrating Member or Resignii | ng Manager | |
| Filing Fee: Certified Copv: | \$25.00 (Required) \$30.00 (Optional) | | |