119000236228

(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:						
J DENNIS						
AUG 1 3 2023						

Office Use Only



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SEFRETARY OF STATE

COVER LETTER

TO:	_	stration Section sion of Corporations					
		·	cunamere i r	•			
SUBJ	ECT:						
		(Name of Limited Liability Company)					
The er	nclosed	I member, resignation or disso	ciation and fe	e(s) are submitted for filing.			
Please	e return	all correspondence concernin	g this matter t	to:			
Ernesto	o Garcia						
	· — -	(Contact Person)					
		(Firm/Company)					
		(run/Company)					
14750	NW 77	CT., Ste206					
		(Address)					
Miami	Lakes, l	F1, 33016					
		(City/State and Zip Code)					
For fu	rther is	nformation concerning this ma	tter, please ca	11:			
Olga N	unez		305 at (282-6283			
	(N	ame of Contact Person)		ode & Daytime Telephone Number)			
Enclos	sed ple	ase find a check made payable	e to the Florida	a Department of State for:			
	5 Filing			ing Fee & Certified Copy			
	Mailir	ng Address:		Street Address:			
	Regis	stration Section		Registration Section			
		ion of Corporations		Division of Corporations			
		Box 6327 hassee, FL 32314		The Centre of Tallahassee			
	тапа	nassee, rt. 52514		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)

HON	The name of the limited liability company as it appears on the records of the Florida Departmen of State is: HOMESELLERS REAL ESTATE SERVICES LLC						
		assigned to this limited liability	company is:				
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign i	7/5/2023 S:				
		, hereby withdraw/resign as a					
Manager							
	(Print Title)						
of this limited lia resignation in wr		the limited liability company has	s been notified of my				
Signature of D	ssociating Member or Resi	gning Manager					
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		REPRETA A OF 2023 JUL -				