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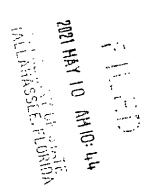
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name))			
(Document Number)	-			
Certified Copies Certificates of	f Status			
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations	
TRUST HOME MORTGAGE LLC SUBJECT:	
SUBJECT: (Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	
Please return all correspondence concerning	this matter to:
FERNANDO LEANO	
(Contact Person)	
TRUST HOME MORTGAGE LLC	
(Firm/Company)	
443 W VINE ST	
(Address)	
KISSIMMEE. FL 34741	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
FERNANDO LEANO	407 217-9081 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t ■ \$25 Filing Fee	to the Florida Department of State for: S55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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)

	limited liability company as	it appears on the record	s of the Florida Department
	ument/registration number as	signed to this limited lia	ability company is:
	ember/manager withdrew/resi	igned or will withdraw/re	esign is: 4/30/2021
4. I, RAFAEL MONTERO, hereby without, hereby without,		, hereby withdraw/i	resign as a
MGR			
of this limited lia resignation in wr Authenticar Rafael Monte	хо 01		iny has been notified of my
•	ssociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	1021 MAY TO AM 10: 44 ALLAHASSEE FLORIDA