L20000055867

(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:
MAR - 6 2023 MAR - 6 2023 PA 13 AIGHA Colon, Je.

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Intelhomes LL (Name of Limited)	C Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
AIFRED COTON (Contact Person)	
Intelhones CCC (Firm/Company)	
2207 Green Oaks La.	
Tampa F 336/2 (City/State and Zip Code)	AM IO: 13
For further information concerning this matter, p	lease call:
Al Coton at (Name of Contact Person)	(8 13) 493-0216 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th ☐ \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Resignation of ownership from Intel Homes.

stacey roth <staceyroth72@gmail.com> Mon 2/13/2023 2:44 PM

To: Dave Roth <dave@secureprousa.com>

To whom it may concern, I regretfully announce my resignation from Intel homes as an equal partner. My health has declined and at this point in time I am unable to fulfill this position. Thank you for the opportunity to be a part of such a wonderful company.

My best, Stacey Roth

Stacey Roth 813-244-7541 Staceyroth72@gmail.com

JEON AGENTA



May 13, 2023

AL COTON INTELHOMES LLC 2207 GREEN OAKS LN TAMPA, FL 33612

SUBJECT: INTELHOMES LLC Ref. Number: L20000055867

We have received your document for INTELHOMES LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Stacey Roth is not the registered agent so she has completed the wrong form. She will need to complete the attached dissociation/resignation of member/manager form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 223A00010950

Correct form
Included and fee has
already Been paid.
Thank you



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:	Intchames LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L2000	055867
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I. Stace	Roth me of Person Resigning) , hereby withdraw/resign as a 200 200 200 200 200 200 200 200 200 2
Man	Print Title)
of this limited lial resignation in wri	oility company and affirm the limited liability company has been notified of my
55	and Have
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)