## L20 000076860

(Requestor's Name)	
(Address)	300349048853
(Address)  (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	07/27/2601076002 ++
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	v: <b>2</b>
	2020 JUL 27 PM SECRETARY OF TALLAHASSEE
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++25.00

## COVER LETTER

Registration Section

TO:

**Division of Corporations** H & J HOME SERVICES LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: HUMBERTO PEREZ MEDINA (Contact Person) H & J HOME SERVICES LLC (Firm/Company) 3317 CARLTON ARMS APT A (Address) TAMPA, FL 33614 (City/State and Zip Code) For further information concerning this matter, please call: UMBERTO PEREZ MEDINA 813 4989309 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **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)

1. The name of the	c limited liability company a	s it appears on the record	s of the Florida Department	
of State is:	J HOME SERVICES LLC			
2. The Florida doc	cument/registration number a	essigned to this limited lia	ibility company is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/re	esign is:	
4. I, JOSE J. PIEDRA SAVEDRA  (Print Name of Person Resigning)		, hereby withdraw/i	, hereby withdraw/resign as a	
AR				
	(Print Title)			
of this limited lia resignation in wi	ability company and affirm the	ne limited liability compa	ny has been notified of my	
- Pose field no			2020 SECR	
(Signature of D	issociating Member or Resig	gning Manager	E IL 2020 JUL 27 SECRETARY TALLAHAS	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH 3:0	