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(City/State/Zip/Phone #)					
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## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJ	JECT: Legal House, LLC		
	(Name	of Limited Liability Co.	mpany)
The e	nclosed member, resignation or o	dissociation and fee(	s) are submitted for filing.
Please	e return all correspondence conce	erning this matter to:	
Miche	lle Mejia		
-	(Contact Person)		_
Law C	Office of Michelle Mejia, PLLC		
	(Firm/Company)		
8950 S	SW 74 Court Suite 2201		
	(Address)		<del>-</del>
Miami	i, FL 33156		
	(City/State and Zip Code	2)	_
For fu	urther information concerning th	is matter, please call:	:
Miche	elle Mejia	786	3098958 ) e & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclo	osed please find a check made pa	yable to the Florida	Department of State for:
<b>\$</b> 2	5 Filing Fee	□ \$55 Filin	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee
	1 ananassee, 1 L 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)

		s it appears on the records of the	Florida Departn	nent
of State is: Legal	House, LLC	<del></del>		'
2. The Florida doc L20000081721	ument/registration number as	ssigned to this limited liability co	ompany is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	:	<u>_</u>
4. I, Michelle MEjia	Jame of Person Resigning)	, hereby withdraw/resign as	s a	
President				
	(Print Title)			
of this limited lia resignation in wa		ne limited liability company has l	been notified of	my
Mustale	This		2020 APR	
Signature of D	issociating Member or Resig	gning Manager	APR -6	. \$
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PH 6: 35	ر از