LZ000015781Z

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Onyototo/2,p/ None n/				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

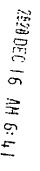
Office Use Only



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MM 3 1 2021 S. YOUNG



COVER LETTER. .

TO: Registration Section
Division of Corporations

SUBJECT: Home Property Solutions 3LLC (Name of Limited Liability Company)					
v v					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Bythery Gruess (Contact Person)					
Home property Solutions 3LLC					
1600 W 14th St (Address)					
Riveria Beach FL 33404 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Mond Gruess at (561) 729-7756 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \frac{1}{2} \					

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Mailing Address: Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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
		it appears on the records	of the Florida iseparanent
of State is: Home	e Property Solutions 3 LLC		·
2. The Florida docu	iment/registration number a	ssigned to this limited liab	oility company is:
L20000157812		<u></u> .	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/re	sign is: 10/27/2020
4. I, Paige Hails, hereby withdraw/resign as a			
(Print N	ame of Person Resigning)		
Member			
(Print Title)		
of this limited liab resignation in wri	oility company and affirm thiting.	ne limited liability compar	ny has been notified of my
Paige Ha	rils ssociating Member or Resig		
Signature of Di	ssociating Member or Resig	ning Manager	
			7520 DEC
Filing Fee:	\$25.00 (Required)		C16
Certified Copy:	\$30.00 (Optional)		* 5
			٠