L20000297.378

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NiP 9 TUCK RENDYATIONS LLC (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:
Havel R Hanlan (Contact Person)
MIP 9 TUCH BENOVATIONS UC
\$10 Alma Place (Address)
Rochester DY 14607 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (585) 309-1072 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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	imited liability company as it appears on the records of the Florida Department	
of State is:	IP & TUCK RENOVATIONS LLC.	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
L200002	87378	
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 11/14/202	\mathcal{O}
4. I. <u>_are</u>)	me of Person Resigning), hereby withdraw/resign as a	
(EO_	Print Title)	
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified of my ing.	
dazel	B/h/a	
Signature of Dis	sociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	