

L21000052004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

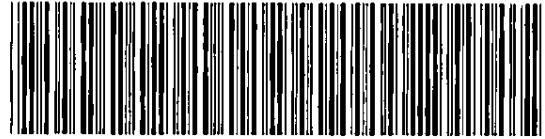
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200416421492

10/02/23--01018--020 \*\*25.00

FILED  
2023 OCT -2 AM 9:51  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1 Stop RE Holdings, 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:

Jessica Andio  
(Contact Person)

1 Stop RE Holdings, LLC  
(Firm/Company)

11020 Legacy Dr #204  
(Address)

Palm Bch Grdns, FL 33410  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Andio at ( 561 ) 662-1979  
(Name of Contact Person) (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:**  
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

FILED  
2023 OCT -2 AM 9:51  
TALLAHASSEE, FL



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: 1 stop RE Holdings, LLC

2. The Florida document/registration number assigned to this limited liability company is:

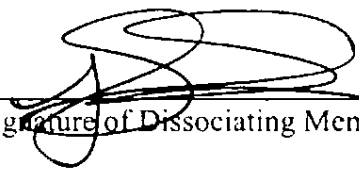
L21000052004

3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 8, 2023

4. I, Jessica Andio, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Secretary  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
23 OCT -2 AM 9:55  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS