

L21 000084243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

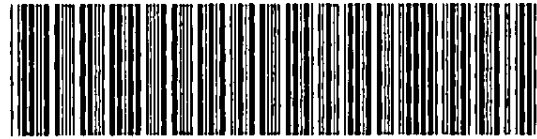
(Business Entity Name)

(Document Number)

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04/19/21--01021--010 \*\*25.00

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2021 APR 19 AM 11:12  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Home Integral Solutions 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:

Monica Gonzalez  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

13267 Summerton Dr  
(Address)

Orlando  
(City/State and Zip Code)

For further information concerning this matter, please call:

Monica Gonzalez at ( 352 ) 6679625  
(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



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: Home Integral Solutions LLC

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

L21000084243

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/12/2021

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

Manager  
*(Print Title)*

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

Hernan Cristancho  
Signature of Dissociating Member or Resigning Manager

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

FILED  
2021 APR 19 AM 11:12  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE