LZI 000 171268

(Requestor's Name)

_____

(Address)

_____

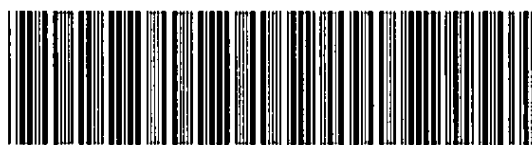(Address)

_____

(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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: __Hydrangea Rose Homes, 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:

__Suha Owens__
(Contact Person)

__Hydrangea Rose Homes, LLC__
(Firm/Company)

__149 Pioneer Village Dr.__
(Address)

__Ponte Vedra, FL 32081__
(City/State and Zip Code)

For further information concerning this matter, please call:

__Suha Owens__ at (__720__) __217 2184__
(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:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E079 (2/14)

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: **Hydrangea Rose Homes, LLC**

2. The Florida document/registration number assigned to this limited liability company is: **L21000171268**

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **4/12/21**

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

   MGR
   (Print Title)

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

Michael Owens
Signature of Dissociating Member or Resigning Manager

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

2021 MAY 17 AM 11: 24
TALLAHASSEE, FLORIDA
FILED

CR2E079 (2/14)