

L21000201827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

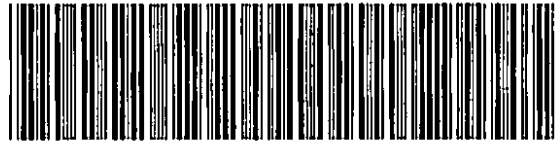
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500371316255

08/20/21--01028--017 \*\*25.00

FILED  
2021 AUG 20 PM 3:48  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Andrade Home Repairs, 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:

ANA P ANDRADE  
(Contact Person)

Andrade Home Repairs, LLC  
(Firm/Company)

8345 MALTBY RD  
(Address)

SPRING HILL FL 34606  
(City, State and Zip Code)

For further information concerning this matter, please call:

ANA P Andrade at 352-442-7436  
(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: Andrade Home Repairs, LLC

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

L21000201827

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, ERMELINDO ANDRADE, hereby withdraw/resign as a:  
*(Print Name of Person Resigning)*

AMBR  
*(Print Title)*

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

④ Ermelindo J. Andrade  
Signature of Dissociating Member or Resigning Manager

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

FILED  
2021 AUG 20 PM 3:48  
CLERK OF STATE  
TALLAHASSEE, FL