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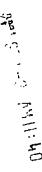
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COVER LETTER

Registration Section

TO:

Division of Corporations SHEWILL CREATE HOMES LLC SUBJECT: (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: Willie J Everett (Contact Person) (Firm/Company) 4350 NW 178 STREET (Address) MIAMI GARDENS, FL 33055 (City/State and Zip Code) For further information concerning this matter, please call: Willie J Everett 786 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 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)

	limited liability company as it a	ppears on the records of the Florida Department
2. The Florida docu L21000237795	ument/registration number assign	ned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigne	d or will withdraw/resign is: 08/23/2021
4. I, Shekita R Everet		
Manager		
of this limited lia resignation in wr	•	mited liability company has been notified of my Manager
	\$25.00 (Required) \$30.00 (Optional)	0