

L21 000 276 182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

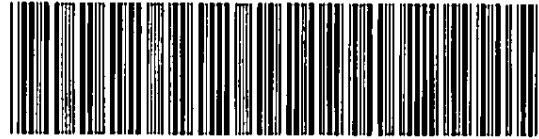
(Document Number)

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J. HORNE  
NOV - 3 2021

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HYBRID HOME INSPECTIONS 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:

MILES CARDENAS

(Contact Person)

HYBRID HOME INSPECTIONS LLC

(Firm/Company)

1729 NW ST.LUCIE WEST BLVD #1035

(Address)

PORT SAINT LUCIE/FLORIDA 34986

(City/State and Zip Code)

For further information concerning this matter, please call:

MILES CARDENAS

(Name of Contact Person)

at (561) 597-5208  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FL



**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: HYBRID HOME INSPECTIONS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000276182

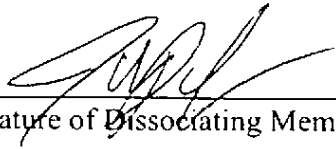
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/19/2021

4. I, JOSHUA LEAVIS, 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.

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

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