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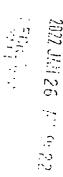
(Requestor's Name)				
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## **COVER LETTER**

Division of Corporations Clean Home Happy Home 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: Monica Andrea Rodriguez (Contact Person) Clean Home Happy Home LLC (Firm/Company) 11118 NW 38th st (Address) Sunrise (City/State and Zip Code) For further information concerning this matter, please call: Monica Rodriguez 754 (Area Code & Daytime Telephone Number) (Name of Contact Person) 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** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



## 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 Home Happy Home LLC	• •	f the Florida Department
	ument/registration number assi		lity company is:
L21000489922			
3. The date this me	mber/manager withdrew/resign	—· ned or will withdraw/resi	gn is:
4. I, Monica Andrea Rodriguez  (Print Name of Person Resigning)			
(Print N	ame of Person Resigning)	,,	
Member			
-	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the liting.	imited liability company	has been notified of my
You	ija Rodiguy	<u>,</u>	202 Mil 26
Signature of D	ssociating Member of Resignir	ng Manager	
			8
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		