## 121000500823

	(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:
	J. HORNE JAN - 5 2023

Office Use Only



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12/12/23--01031--004 \*\*55.00



## COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Enhanced (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: (Firm/Company) For further information concerning this matter, please call: Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 D	epartment
of State is: Enhanced Home Mantenance	·
2. The Florida document/registration number assigned to this limited liability company is	s:
L7100500873	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Dcto	per 96309
4. 1. Mereby Withdraw/resign as a (Print Name of Person Resigning)	
Authorized Member. (Print Title)	
of this limited liability company and affirm the limited liability company has been notifiesignation in writing.	ied of my
M	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	