K22000003420

(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:				
SEP HORNE				

Office Use Only



000389866590

06/22/22--01004--019 **25.00





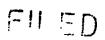


COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	Synergistic Home LLC				
	(Name of Limited Liability Company)				
The enclosed	member, resignation or dis	sociatio	on and fee	c(s) are submitted for filing.	
Please return	all correspondence concerr	ning this	matter t	o:	
JOSEPH D JOI	HNSON				
	(Contact Person)				
Synergistic Hor	me LLC				
	(Firm/Company)				
2609 N Forest	Ridge Blvd., #286				
	(Address)				
Hernando					
	(City/State and Zip Code)			·	
For further in	formation concerning this r	natter. p	olease cal	11:	
Joe Johnson		at	352	501-8570	
(Na	ame of Contact Person)		(Area Co	de & Daytime Telephone Number)	
	ase find a check made payal	ble to th	e Florida	Department of State for:	
□ \$25 Filing	; Fee	Ξ	l \$55 Fili	ing Fee & Certified Copy	
	g Address:			Street Address:	
	tration Section			Registration Section	
	ion of Corporations			Division of Corporations	
	Box 6327			The Centre of Tallahassee	
Lallah	nassee, FL 32314			2415 N. Monroe Street, Suite 810	

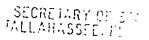
Tallahassee, FL 32303

CR2E079 (2/14)



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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 ap	pears on the records of the Florida Department
of State is: Syner	rgistic Home LLC	
2. The Florida docu L22000002920	ument/registration number assigne	d to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned	or will withdraw/resign is:
4. I, Cynthia D Johns	Son Name of Person Resigning)	hereby withdraw/resign as a
	lame of Person Resigning)	
MGR		
	(Print Title)	
of this limited lia resignation in wr	- · ·	ted liability company has been notified of my
Signature of Di	issociating Member or Resigning	 Manager
y Signature of Di	// resigning fremoet or resigning f	vianagei
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	