L22000164593

 /	Requestor's Name)				
,	requester e reame,				
((Address)				
(Address)					
	City/State/Zip/Phone #)				
,	only orator Expir mone my				
PICK-UP	☐ WAIT	MAIL			
	Business Entity Name)				
`					
(Document Number)					
Certified Copies	Certificates of 3	Status			
					
Special Instructions to Filing Officer:					
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Office Use Only



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02/06/23--01027--014 **25.00



COVER LETTER

TO:					
	Divis	sion of Corporations			
SUBJI	ECT:	PRESTIGE DEVELOPMENT H	OMES LLC		
		(Name of	Limited Liability Co	ompany)	
The en	iclosec	d member, resignation or diss	sociation and fee	(s) are submitted for filing.	
Please	return	all correspondence concerni	ing this matter to	o:	
BARB	ARA BI	ESU			
	 -	(Contact Person)			
ALLIA	NCE O	UTSOURCE SERVICES			
		(Firm/Company)		_	
1015 S	W 13 S	7.			
		(Address)	-	_	
МАМ	I. FLOI	RIDA 33129			
		(City/State and Zip Code)		_	
For fur	rther in	nformation concerning this m	natter, please call	1:	
BARBA	ARA B	ESU	786 at (239-3098	
	(N	ame of Contact Person)		de & Daytime Telephone Number)	
Enclos	sed ple	ase find a check made payab	ole to the Florida	Department of State for:	
X \$25	Filing	g Fee	□ \$55 Filii	ng Fee & Certified Copy	
	Mailir	ng Address:		Street Address:	
	Regis	stration Section		Registration Section	
		sion of Corporations		Division of Corporations	
		Box 6327		The Centre of Tallahassee	
	Talla	hassee, 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)

PRES	limited liability company as	it appears on the records of the F	lorida Department		
2. The Florida doc L22000164593	ument/registration number as	signed to this limited liability co	1		
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is:	01/36/23		
4 I		, hereby withdraw/resign a	, hereby withdraw/resign as a		
(Print)	Name of Person Resigning)				
MANAGER AN	D MEMBER				
	(Print Title)				
resignation in wi	iting.	he limited liability company has $\sqrt{30/23}$	s been notified of my		
Signature of D	issociating Member or Resig	gning Manager	(15)		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2023 FEB -6 AMII:		