

10/13/22, 11:21 AM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L220001448291**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MCLIN & BURNSED P.A.
Account Number : 104657003604
Phone : (352)753-4690
Fax Number : (352)751-4993

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRI-COUNTY HOME REPAIR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 OCT 13 11:48

2022 OCT 13 AM 10:17

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L220001448291

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRI-COUNTY HOME REPAIR 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:

DR. JOHN BARONE

(Contact Person)

TRI-COUNTY HOME REPAIR LLC

(Firm/Company)

2631 BECKETT RUN

(Address)

THE VILLAGES, FLORIDA 32162

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. JOHN BARONE

at (757) 593-6549
(Name of Contact Person) (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

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DEPT OF STATE
CORPORATION
DIVISION

2022 OCT 13 AM 10:17

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 Department of State is: TRI-COUNTY HOME REPAIR LLC

2. The Florida document/registration number assigned to this limited liability company is: L22000166291

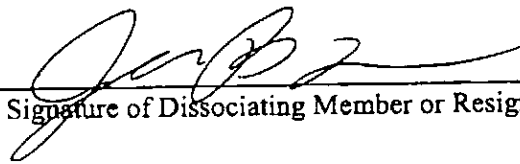
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sept. 12, 2022

4. I, MICHELLE WILLIAMS, hereby withdraw/resign as a
(Print Name of Person Resigning)

AP/MEMBER

(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)