

L220000171445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

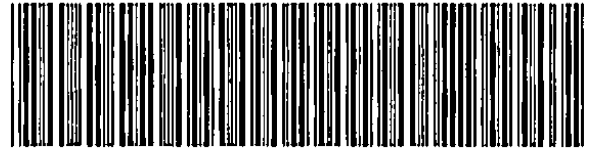
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Association

JAN 31 2023

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HABITATS CONSTRUCTION GROUP 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:

JUAN MANUEL SERRANO

\_\_\_\_\_  
(Contact Person)

HABITATS CONSTRUCTION GROUP LLC

\_\_\_\_\_  
(Firm/Company)

1221 SE 36TH TER

\_\_\_\_\_  
(Address)

CAPE CORAL, FL 33904

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN MANUEL SERRANO

\_\_\_\_\_  
(Name of Contact Person)

305 799 1531  
at ( )

\_\_\_\_\_  
(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

SECRETARY OF STATE  
TALLAHASSEE, FL

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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 appears on the records of the Florida Department of State is: HABITATS CONSTRUCTION GROUP LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.22000171445

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/01/2022

4. I, NICOLAS V ROLDAN, hereby withdraw/resign as a  
(Print Name of Person Resigning)

PMANAGER/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)

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TALLAHASSEE, FL