## L22000 189737

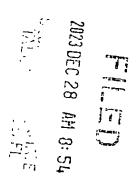
(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(2.1	<b>-</b>	·· <b>-</b> /
(Do	cument Number)	· <u></u> . · <u></u>
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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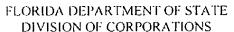


## **COVER LETTER**

_	stration Section ion of Corporations		
SUBJECT:	MAGNA HOMES SERVICES LLC		
JODOLCI.	(Name of Limi	ted Liability Con	npany)
The enclosed	I member, resignation or dissocia	ation and fee(s	) are submitted for filing.
Please return	all correspondence concerning t	his matter to:	
JAIME CALL	E LOZANO		
	(Contact Person)		-
MAGNA HOM	IES SERVICES LLC		
	(Firm/Company)		-
1017 SE 12TH	AVENUE		
	(Address)	-	-
CAPE CORAL	L. FL 33990		
	(City/State and Zip Code)		-
For further in	nformation concerning this matte	r. please call:	
JAIME CALL	E LOZANO	239 at (	541-8416
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple  ☐ \$25 Filing	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
Regis Divis P.O.	ng Address: stration Section tion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)







## 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: MAG	NA HOMES SERVICES LLC
2. The Florida doc L22000189737	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
LAVIER MONT	
MEMBER	
<del></del>	(Print Title)
resignation-in/vr	
Signature of D	issociating Member or Resigning Manager
12/11/2	2023
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)