

L22 000

435 463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

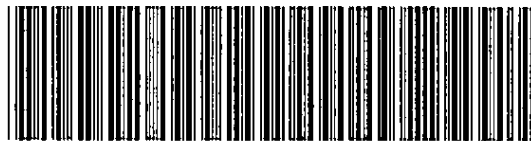
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900398081929

11/28/22--010314--117 449.00

FILED
2022 NOV 28 AM 8:33
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

PEACEFUL HOME ALF LLC

SUBJECT:

Name of Limited Liability Company

DOCUMENT NUMBER:

L22000435463

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE O LALOG JR

Name of Person

JLJ ACCTG & TAX SVCS LLC

Name of Firm/Company

90 BRONSON LN

Address

PALM COAST FL 32137

City/State and Zip Code

JLALOG@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE O LALOG JR

386

445 3719

Name of Person

at (

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

2022 NOV 28 AM 8:33

FILED



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: PEACEFUL HOME ALF LLC

2. The Florida document/registration number assigned to this limited liability company is:
L22000435463

3. The date this member/manager withdrew/resigned or will withdraw/resign is: NOVEMBER 14, 2022

4. I, LOWARD A DOWNS, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature] 11/17/2022
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2022 NOV 28 AM 8:33
FILED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS