## L22000454000

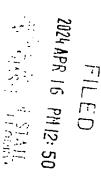
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
TAIF
J. HORNE APR ? 7 2024
APR 2.7 2047
<b>'</b> "

Office Use Only



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04/16/24--01009-+006 ++25.00



## **COVER LETTER**

TO: Re	gistration Section		
Di	vision of Corporations		
SUBJECT	BADILLO CONSTRUCTION (	OF SWFL LLC	
		Limited Liability Co	empany)
The enclos	sed member, resignation or dis	sociation and fee(	s) are submitted for filing.
Please retu	ırn all correspondence concern	ing this matter to:	:
NORA LAN	MBERT		
**	(Contact Person)		_
LUANN TI	HOMAS PA INC		
	(Firm/Company)		<b></b> -
2170 KEAR	RNEY AVE		
	(Address)		_
NAPLES, F	L 34117		
	(City/State and Zip Code)	<del>-</del>	<del></del>
For further	r information concerning this r	natter, please call:	:
NORA LAM	MBERT	239 at (	478-3957
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed p	please find a check made payabing Fee		Department of State for:  g Fee & Certified Copy
	iling Address: gistration Section		Street Address: Registration Section
Div	vision of Corporations		Division of Corporations
	D. Box 6327 Ilahassee, FL 32314		The Centre of Tallahassee 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)

ДЛД	e limited liability company as it appears on the records of the Florida Departmen
2. The Florida doc	cument/registration number assigned to this limited liability company is:
3. The date this me	04/05/2024 ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	-
MGR	
	(Print Title)
resignation in w	ability company and affirm the limited liability company has been notified of my riting.  **  **  **  **  **  **  **  **  **
	\$25.00 (Required) \$30.00 (Optional)