

L23000197115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

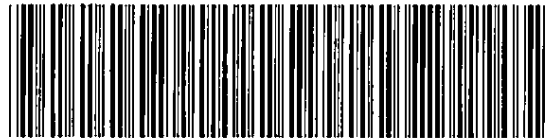
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000414200840

08/21/23--01032--016 \*\*25.00

2023 AUG 21 6:06:32

2023 AUG 21 6:06:32

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORL Renovations 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:

Macky Garrett

(Contact Person)

ORL Renovations LLC

(Firm/Company)

655 Harney Heights Rd

(Address)

Geneva FL, 32732

(City/State and Zip Code)

For further information concerning this matter, please call:

Macky Garrett

(Name of Contact Person)

at ( 407 )

579-7753  
(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



2023 AUG 21 AM 6:34

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)

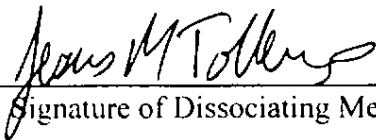
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ORL Renovations LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L23000197115

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/22/2023

4. I, Jesus M. Tollens, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(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)