L23000218606

(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:





300413162633

08/04/23--01018--026 **25.00

FILED

2023 AUG -4 PM 1: 26

WHYNESSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

••

HOME SWEET HOME TITLE OF	F FLORIDA LLO	. •
SUBJECT:		
- (Name of L	imited Liability	Company)
The enclosed member, resignation or disse	ociation and fo	ee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter	to:
Roger Orellana		
(Contact Person)		
Home Sweet Home Title of Florida lle		
(Firm/Company)		
1913 S OCEAN DR #111		
(Address)	·	
HALLANDALE BEACH , FL 33009		
(City/State and Zip Code)		
For further information concerning this ma	atter, please ca	all:
ODALYS RODRIGUEZ	305	978-1788
	at ()
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florid	la Department of State for:
\$25 Filing Fee		ling Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303

CR2E079 (2/14)



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)

HOM	limited liability company as E SWEET HOME TITLE OF FLO	ORIDA LLC	of the Florida Department		
2. The Florida doc 1.23000218606	ument/registration number a	ssigned to this limited liab	oility company is:		
		·	07-27-2023		
3. The date this mo	ember/manager withdrew/res .ANA	signed or will withdraw/re			
4. 1.		, hereby withdraw/resign as a			
(Print N MGR	lame of Person Resigning)	<u> </u>	-		
	(Print Title)				
of this limited lia resignation in wr	ibility company and affirm the	ne limited liability compar	ny has been notified of my		
Signature of D	issociating Member or Resig	ning Manager	2029 AUG -4 TÄLLÄHÄSS		
Filing Fee:	\$25.00 (Required)		A C		
	\$30.00 (Optional)		G-4 PH I:		