

L23000308001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

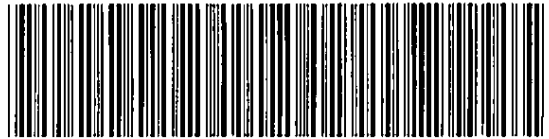
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900423943219

02/15/24--01003--006 ++85.00

RECEIVED  
02/15 PM 4:11  
CLERK OF STATE  
TALLAHASSEE, FL

K. HUNT  
02/15/24



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2023 15 PM 4:11  
ED  
DIVISION OF STATE  
CORPORATIONS, FLORIDA

**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: Next-Gen Home Improvements LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L23000308601.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/12/24
4. I, Gabriel J. Shimmin, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MGR  
(Print Title)

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

Gabriel J. Shimmin  
Signature of Dissociating Member or Resigning Manager

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Next-Gen Home Improvements 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:

Gabriel Shimmin  
(Contact Person)

Next-Gen Home Improvements LLC  
(Firm/Company)

28254 Gopher Hill Rd  
(Address)

Myakka City, FL 34251  
(City/State and Zip Code)

RECEIVED  
JAN 15 PM 4:11  
DEPT OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Gabriel Shimmin at ( 941 ) 402-2896  
(Name of Contact Person) (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