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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations	
SUBJECT: 1 Stop Flooring CLC (Name of Limited Liability C	Company)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
Dillon Howard (Contact Person)	
(Contact Person)	
(Firm/Company)	_
Ull9 Lure Court (Address)	
(Address)  LAICC WALLS FL 33898  (City/State and Zip Code)	
For further information concerning this matter, please cal	II:
Dillon Howa 2d at (463 (Name of Contact Person) (Area Co	,632-4416
Epclosed please find a check made payable to the Florida  \$\sum \\$\\$ \\$25 \text{Filing Fee} \qquad \\$55 \text{Filing}\$	a Department of State for: ing 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

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: 1 Stop Flooring LLC
2. The Florida document/registration number assigned to this limited liability company is:
L23000426774
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $9-20-24$
4. I, Dillon Howard , hereby withdraw/resign as a (Print Name of Person Resigning)
Authorized member managet (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Rom Hold
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)