## L24 0000 26885

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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2024 FEB - 2 PH 4: 07



## 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	s it appears on the recor	ds of the Florida Department
of State is:	Halty Home Ren	wations LL	
2. The Florida docu	iment/registration number a	ssigned to this limited l	iability company is:
L24000	026885		
3. The date this me	mber/manager withdrew/res Anchez ame of Person Resigning)	signed or will withdraw.	/resign is: 1/15-/2024 //resign as a
Ame	Print Title)		
of this limited lial resignation in wr		ne limited liability comp	pany has been notified of my
A	4		
Signature of Di	ssociating Member or Resig	ming Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED 2024 FEB - 2 PM SEALLANASSE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Royalty Home Renoutions 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:
Jesus Anchez ST. (Contact Person)
Royalty Home Renantions LC (Firm/Company)
2115 18th ST CT East (Address)
Bradenton & 34208 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person)  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:   \$\sum \\$\\$\\$25 \text{Filing Fee}\$\$  \$\sum \\$\\$55 \text{Filing Fee & Certified Copy}\$\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

↑ Tallahassee, FL 32314