## L24000071480

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02/20/24--01010--018 \*\*25.00

## **COVER LETTER**

Division of Corporations	
SUBJECT: 506 House LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are subm	itted for filling.
Please return all correspondence concerning this matter to:	
John Bowmen	
(Contact Person)	
(Firm/Company)	
3948 300 Street South #58	
Ox, FL 32250	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Tohan Jowman at 1904 686  (Name of Contact Person) (Area Code & Daytime	6. 4417
(Name of Contact Person) (Area Code & Daytime	Telephone Number)
Enclosed please find a check made payable to the Florida Department   ☐ \$25 Filing Fee  ☐ \$55 Filing Fee & Ce	of State for:
Mailing Address: Street Address: Registration Section Registration	ress: on Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 comp	any as it appe	ars on the reco	rds of the Florida	Department
of State is:	506	House	LLC		
2. The Florida docu	ment/registration nun	nber assigned	to this limited	liability company	y is:
L 240	0000 71480				
	mber/manager withdre				2,2024
4. 1. John (Print No.	nn Bewma	<u>^</u> . h	ereby withdray	v/resign as a	
	M6 17 Print Title)	·			
of this limited liab resignation in wri	oility company and affi	firm the limite	d liability com	pany has been no	otified of my
Signature of Di	ssociating Member or	Resigning Ma	mager		
	\$25.00 (Required) \$30.00 (Optional)				

CR2E079 (2/14)