

L24 000 153 082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

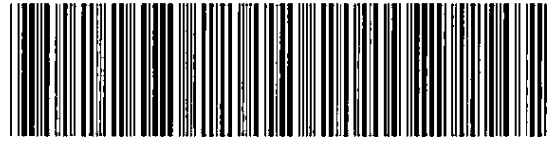
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAFEWAY HOME INSPECTIONS 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:

PAM MCKINNEY  
(Contact Person)

SUMMIT QUEST INC  
(Firm/Company)

3433 E GULF TO LAKE HWY  
(Address)

INVERNESS, FL 34453  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAM MCKINNEY at 352 584-1498  
(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

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2024 May 23 AM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FL



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: SAFEWAY HOME INSPECTIONS LLC

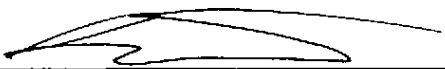
2. The Florida document/registration number assigned to this limited liability company is:  
1.24000153082

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03-29-2024

4. I, TERRY H ONEAL, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

2024 MAY 23 AM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

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