L24000174015

| (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: |
| NOV 16 2024 |





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COVER LETTER

| Division of Corporations | | |
|---|---------------------|----------------------------------|
| OD Remodeling Solutions LLC SUBJECT: | | |
| (Name of | Limited Liability C | Company) |
| The enclosed member, resignation or diss | ociation and fee | e(s) are submitted for filing. |
| Please return all correspondence concerni | ng this matter to | o: |
| Obrayhan Rodriguez | | |
| (Contact Person) | | |
| Obrayhan | | |
| (Firm/Company) | | |
| 3017 Gulfwind Dr | | |
| (Address) | - | |
| land o lake fl 34639 | | |
| (City/State and Zip Code) | | - |
| For further information concerning this m | iatter, please cal | II: |
| obrayhan | 656 at (| 215 8495 |
| (Name of Contact Person) | | de & Daytime Telephone Number) |
| Enclosed please find a check made payab | le to the Florida | Department of State for: |
| ■ \$25 Filing Fee | □ \$55 Fili | ing Fee & Certified Copy |
| Mailing Address: | | Street Address: |
| Registration Section | | Registration Section |
| Division of Corporations | | Division of Corporations |
| P.O. Box 6327 | | The Centre of Tallahassee |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 |
| | | Tallahassee, FL 32303 |

TO: Registration Section







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the | e limited liability company as it appears on the records of the Florida Department |
|--|--|
| of State is: OD i | remodeling solutions llc |
| 2. The Florida doc 992561878 | cument/registration number assigned to this limited liability company is: |
| 3. The date this m | ember/manager withdrew/resigned or will withdraw/resign is: sep 07 2024 |
| Daniela Sosa O | rtega, hereby withdraw/resign as a |
| (Print) | Name of Person Resigning) |
| MGR | |
| | (Print Title) |
| of this limited list resignation in w | ability company and affirm the limited liability company has been notified of my riting. |
| Daniele | Soza OrTaga |
| Signature of E | Dissociating Member or Resigning Manager |
| | \$25.00 (Required) |
| Certified Conv | \$30.00 (Optional) |