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SECRETARY OF STATE
TALLAHASSEE, FL



.COVER LETTER

	egistration Section vision of Corporations				
SUBJECT	MSHOMES SANDY LLC				
SOBJEC	(Name of Limited Liability	Company)			
The enclos	sed member, resignation or dissociation and fo	ce(s) are submitted for filing.			
Please retu	urn all correspondence concerning this matter	to:			
MARCELO	SANDY				
	(Contact Person)				
MSHOMES	S SANDY LLC				
	(Firm/Company)				
1049 CITRI	US LANDINGS BLVD				
	(Address)		SEC	202	
DAVENPO	ORT, FL 33837		ALLA	2024 OCT -2 PM 1: 08	
	(City/State and Zip Code)		ARY	2	į
For furthe	er information concerning this matter, please c	all:	TARY OF S	2	į
MARCELO	SANDY 862 at (693-8920	FL	1: 08	•
	(Name of Contact Person) (Area C	ode & Daytime Telephone Numb	ber)		
Enclosed	please find a check made payable to the Floric	da Department of State for:			
■ \$25 Fil	ling Fee ☐ \$55 Fi	iling 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)

MCHC	limited liability company as it	t appears on the records of the Florid	la Department
		igned to this limited liability compan	=
4. I,	•	ned or will withdraw/resign is: 7/19/2, hereby withdraw/resign as a	PILED 2021 OCT -2 PM 1: 08 SECRETARY OF STATE TALLAHASSEE, FL
of this limited liab resignation in wri	iting.	limited liability company has been n	
>	\$25.00 (Required) \$30.00 (Optional)	ng Manager	