

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Contigo Home Services

(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:

Marshia Cox

(Contact Person)

Contigo Home Services LLC

(Firm/Company)

2840 Pallanza Drive South

(Address)

Saint Petersburg, FL 33705

(City/State and Zip Code)

For further information concerning this matter, please call:

Marshia Cox

281

610-4710

at ( )

(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




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: Contigo Home Services LLC
2. The Florida document/registration number assigned to this limited liability company is: L22000212846
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/24/2023
4. I, Erich Cox, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
AMBR  
(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)