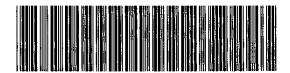
## L050000 a3959

(Requestor's Name)				
(Address)				
(Address)				
(City/S	State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
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J. BRYAN

DEC -1 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: SHELBY HOMES AT CAR (Name of Limited L	RIAGE POINTE ESTATES, L.C.		
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for		
Please return all correspondence concerning this	matter to:		
Robert Shelley			
(Contact Person)	2011 NOV 30 AM II: 03 SECRETARY OF STATE TALLAHASSEE, FLORID		
(Firm/Company)	TAR' TAR'		
18851 N.E. 29th Avenue Surre	905 EEF A		
(Address)	905 FLORI		
Aventura, Florida 33180	Om W.		
(City/State and Zip Code)			
For further information concerning this matter, pl	ease call:		
Robert Shelley at (	954 ) 318-1000		
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the \$25 Filing Fee	\$55 Filing Fee &		
	Certified Copy		
STREET/COURIER ADDRESS:	TREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as ELBY HOMES AT CA		
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu <u>L05000002</u>	ment/registration number of 3959	this limited liability cor	mpany is:
	ort    one of Person Resigning) ility company and affirm the	, hereby resign as a	(Print Title)
resignation in writ	ing.		
Filing Fee: Certified Copy:	uning Momber, Managing M \$25.00 (Required) \$30.00 (Optional)	ember or Manager	2011 NOV 30 AN SECRETARY OF FALLAHASSEE.