L11000030229

(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:				

Office Use Only



400201856134

04/15/11--01040--004 **25.00

SECRETARY OF STATE.
TALL'AHASSEE FLORIDA

J. SAULSBERRY J. SAULSBERRY EXAMINER APR 1 8 2011

COVER LETTER

Division of Corporations
SUBJECT: HOMES 4 INVEST, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
DALITA COMIN
(Contact Person)
HOMES 4 INVEST, LCC (Firm/Company)
(Firm/Company)
3860 NE 170 Street #302
(Address)
WORTH MIAMI BEACH, FC 33 160 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 471.7909 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:
\$25 Filing Fee \$\ Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
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

1. The name of the li	mited liability company as it appears on the records of the Flo	rida Dep	2011			
	ity company was organized under the laws of:	AHASSEE FLOI	APR 15 PH 4: 33			
3. The Florida document/registration number of this limited liability company is:						
4. I, MACIA DA GLO LIA BOTELLO FNASA hereby resign as a MANAGER (Print Name of Person Resigning) (Print Title)						
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.						
Signature of Resigning Member, Managing Member or Manager						
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



RESIGNATION OF MEMBER, MANAGING MEMBER FROM FLORIDA OR FOREIGN LIMITED LIABILITY

1. The name of the limited liability of State is:	company as it appears on the records of 4 INVEST, LLC
2. This limited liability company w	as organized under the laws of:
	n number of this limited liability compa
	ICLHO FNACQ hereby resign as a
of this limited liability company a resignation in writing.	and affirm the limited liability company
Signature of Resigning Member,	Managing Member or Manager

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)