	LONESTEAD FAMIS C.C.	PO	5324
	Requester's Name 2001 S. BAYShove W., Ste Address	2 1600	
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	2. <u>301A000</u>		
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	Fictitious Name R T	Foreign Limited Partnership Leinstatement Trademark Other	TE 22
(CR2E031(7/97)	[Examiner's Initials



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	Mark Meyers)	hereby resign a	s Monage T	Diccoor	member
of_	Homestead	Forms	Liability Company)			
	'	(Frimited r	respitity Company)	, , ,	,	
	nited liability company orga			Fond	k.	
and	affirm that the limited liabil	ty company h	as been notified in wr	iting of the re	esignation.	
		M	M		- - .	
	(Signature of re	signing mana	ger, managing membe	r or member)	

FILING FEE IS \$25.00

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Division of Corporations
P.O. Box 6327
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CR2E079(10/99)

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TALLAHASSEE, FLORIDA