## L02000021176

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		· ···	
SUBJ	JECT: Valionwide Hon	e develope	o LLC,	. L. Z
DOC	CUMENT NUMBER: 0 2000			
The e	enclosed Officer/Director Resignation for a Corporation	and fee are submitted for	filing.	-
Please	se return all correspondence concerning this matter to the	e following:		
,	MARIO SOPENA (Name of Person)	and the second second second distributions and the second	ra merena arang mer	e distriction of the control of the
	Voltanuel Home Clubs (Name of Firm/Company)			gy ge vv -værumææææ
	2019 HARRISON ST (Address)	an alah an ilah an an aka ang albaya dan dan dan dan dan dan dan dan dan da	an oliver organization of the control of the control of	でしょうで <b>変数数 知</b> を 2種
	Hully wood F1 33019 (City/State and Zip Code)			or a light of the second
For fi	further information concerning this matter, please call:			
	IANW SOPENA at (954) (Name of Person) (Area Code	998-6940 & Daytime Telephone Nu	inber)	
Enclo	osed is a check for \$35.00 made payable to the Florida I	Department of State.		
Amer Divis P.O.	ling Address: Endment Section Sion of Corporations Box 6327 Shassee, FL 32314  Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399		<del>Time</del> s of the	· · · · · · · · · · · · · · · · · · ·



Secretary of State

April 29, 2004

MARIO SOPENA NATIONALWIDE HOME DEVELOPERS, LLC 2019 HARRISON ST HOLLYWOOD, FL 33019

SUBJECT: NATIONWIDE HOME DEVELOPERS, LLC

Ref. Number: L02000021176

We have received your document for NATIONWIDE HOME DEVELOPERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted a form for a corporation, you are a limited liability company. You are also listed as a manager and not as a president. Please complete the proper form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 504A00029089

Diane Cushing Document Specialist

Division of Compositions - P.O. ROX 6327 -Tallahassaa Florida 32214

## · RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	MARIOS	MENA	, hereby resign	as	maying	Men	fn	
of	tomud	Hony (	Queloper	LLC		,	•	
a limited liability	company organize	·		e flor	uden			
and affirm that the	limited liability	company has b	een notified in w	riting of the I	esignation.	7		
				,		SECRE!	ZODA MAY	
	Signature of resig	ning manager,	managing memb	er or member	•	ARY O	7 10	FILE
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## FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314