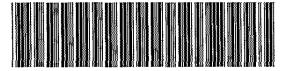
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Certified Copies	Certificates	of Status
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
•	/	
SUBJECT: RIGHT CI	HOICE HOUSING, LLC ed Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing N	Member or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
•		
(Name of Person)		
,		
Dave Peters the	sma, LLe NOV-7	
Rights CHOICE Housing, LLC		
(tumb company)		
633 N.E. 162°	Street	
(Address)	<u> </u>	
	ಭ	
MIANI Florida (City/State and Zip Code)	33/62	
(City/State and Zip Code)		
For further information concerning this matter, ple	ase call:	
For farmer information concerning and matter, pre	ase can.	
LINA BATES	at (786) 539-6308	
(Name of Person)	(Area Code & Daytime Telephone Number)	
(0.14410-01-01-01-01-01-01-01-01-01-01-01-01-0	(
STREET/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 32301	Tallahassee, Florida 32314	
Tantaiassos, violeta 52501		
Enclosed is a check for the following amount:		
✓ \$25 Filing Fee	\$55 Filing Fee &	
	Certified Copy	
CR2E079 (8/05)	j	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, LINDA BATES	, hereby resign as
of Right CHore (Limited Liability	Company) (Title)
a limited liability company organized under the laws	s of the State of FlorioA,
and affirm that the limited liability company has bee	n notified in writing of the resignation.
Signature of resigning manager, m	anaging member or member)

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

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