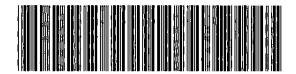
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(Re	questor's Name)	
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DIALICATIONS OF STATE OF CORPORATIONS

J. BRYAN

OCT 3 1 2008

EXAMINER

COVER LETTER

Division of Corporation	ıs		•		
SUBJECT: South	Florida (Name of Limited	Home Liability Con	Ventures mpany)	LLC	
The enclosed member, managing filing.	ng member or ma	anager resig	gnation and fee(s)	are submitted	for
Please return all correspondence	e concerning thi	s matter to:			
Brett (Contact Po	Adams				
(Contact Pe	erson)				ဝ 🥳
South Flor		ue Ver	itures		08 OCT 30
P.O. Box 770	, ,		_		08 OCT 30 PM 1: 10
					**
Miami FL	33177				0
(City/State and	Zip Code)				
For further information concer	ning this matter,	please call:	:		
Brett Adam	\S at	786) 245-	7367	
(Name of Contact Pers	son)	(Area Code	e & Daytime Telepl	hone Number)	
Enclosed please find a check m \$25 Filing Fe			\$55 Filing Fee &		·
			Certified Copy	У	
STREET/COURIER ADDRI	ESS:		MAILING AD		
Registration Section			Registration Sec		
Division of Corporations Clifton Building			Division of Cor P.O. Box 6327	porations	
2661 Executive Center Circle			Tallahassee, Flo	orida 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 l						
of State is:	South	Florida	Home	Ventures	LLC.	
2. This limited liabil	lity company wa					
3. The Florida docum	ment/registration	number of this	limited liabil	lity company is:		
	•	59				
4. I, Fantin	a Adam	5	, hereby resig	gn as a Vice Of	Penating Man	nger t
	ility company ar			company has been		Jeder
	0					
Signature of Resig	gning Member, N	Managing Memb	er or Manage	er		
Filing Fee:						
Certified Copy:	\$30.00 (Option	nal)				