# 103000043779

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#### **COVER LETTER**

Division of Corporations	
Division of Corporations	$\Gamma$
	es at Central F/ LL
SUBJECT: NI IN TY TOM	
(Name of Limited Liabili	ty Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member	or Manager and fee(s) are submitted for filing.
Diameter all assumed land assuming this matter to	the Collections
Please return all correspondence concerning this matter to	the following:
12:11	
William Dusch	
(Name of Person)	
$A \cap A \cap$	^, ,, A
Intinity tomes of Central 1	-1.11B
(Firm/Company)	
108 Lake Whister Dr.	
(Address)	
_	
Auburndale, Fl. 3382	<b>تر</b>
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please call	•
William Busch at 80	63)965-8447
	Code & Daytime Telephone Number)
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 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
Enclosed is a cueen for the tollowing amount.	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
	Certified Copy
CD1CA70 (9/A5)	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, BRYAN ROGERS	, hereby resi	gn as MANAGING MEMBER (Title)
of Infinity Homes	oF C€NTRAL	FLORIDA, LLC.
a limited liability company organized u		
	manager managing men	
(Signature of resigning	, managers managing men	inder of incimotry

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

#### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, BRYAN ROGERS hereby resign as MANAGING	<u>, meml</u>	B <i>€R</i>	
of Infinity Homes of CENTRAL FLORIDA (Limited Liability Company)	·	,	
a limited liability company organized under the laws of the State of FLORID	A		
and affirm that the limited liability company has been notified in writing of the resig	gnation.		
(Signature of resigning manager, managing member of member)			
	FALL STA	06 HAR 27	<b>2</b> 50
	:	7 PH	

#### 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