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2009 JUL 15 PM 1: 18

C. LEWIS

JUL 1 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Summ/7 (Name of Limited L	HOMES LLC iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
FAIZ WAREH (Contact Person)	
SUMMIT HOMES L	<u> </u>
366,0 PIZARRO RI (Address)	
TACKSONVILLE, FL (City/State and Zip Code)	32217
For further information concerning this matter, pl	ease call:
T. WAREH at ((Name of Contact Person)	904) 673 - 8488 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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SECRETARY OF STATE TABLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

				the Florida Department
of State is:	SUMMIT	Homes	LLC	
2. This limited lial	bility company was	organized under	the laws of:	
FL	ORIDA			
3. The Florida doc	ument/registration	number of this li	mited liability compa	ny is:
L040	00000 143	34		
		_		
4. I,	VEL MAR	TINEZ,I	nereby resign as a	MGRM
(Print l	Name of Person Resign	ing)		(Print Title)
		affirm the limite	ed liability company	has been notified of my
resignation in w	riting.			
		-		
Signature of Res	igning Member, M	anaging Member	or Manager	
Filing Fee:	\$25.00 (Requir	ed)		
•	\$30.00 (Option	,		