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(Requestor's Name)				
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Certified Copies Certificates of Status				
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Office Use Only



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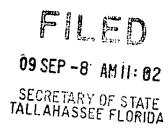


COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KETTERBUILT HOM	IES, LLC
(Name of Limite	d Liability Company)
The enclosed member, managing member or m filing.	nanager resignation and fec(s) are submitted for
Please return all correspondence concerning th	is matter to:
B. TODD HUDSON	
(Contact Person)	
(Firm/Company)	
2147 ROUSE LAKE ROAD	
(Address)	
ORLANDO FL 32817	
(City/State and Zip Code)	
For further information concerning this matter.	please call:
B. TODD HUDSON	at (407) 342-8813
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
✓ \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
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	

CR2E079 (5/06)





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 li of State is: KET	mited liability company a	ns it appears on the records MES, LLC	of the Florida Department
2. This limited liabil FLORIDA	ity company was organize	ed under the laws of:	
3. The Florida docum		of this limited liability con	npany is:
4. I. B. TODD		, hereby resign as a	MANAGER
	ne of Person Resigning)		(Print Title)
resignation in writi			ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required)	member of Manager	