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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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O7 OCT 15 PM 1:51

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: PARA DISK Hom: (Name of Lim	ited Liability Cor	PORT	CHAR	rolle,	۷۷۲
The enclosed member, managing member or filing.	manager resig	nation and fee	e(s) are sub	mitted for	
Please return all correspondence concerning	this matter to:				
RICHARD DUGOS (Contact Person)		- . = -		07 01	DIVISION
PARROLLE BOMO OF PO	و. يدد	_			SECRETARY OF STATIONS ON 15 PM 1:51
1093 KENSING TON (Address)	S7.	<u> </u>			1:51
PORT CHARLOTTE FL. (City/State and Zip Code)	<u> 3395</u>	-2			
For further information concerning this matter	er, please call:				
(Name of Contact Person)	at (94) (Area Code	Daytime Tel	· 7-2 ½ ephone Num	nber)	
Enclosed please find a check made payable to \$25 Filing Fee		epartment of S 55 Filing Fee Certified Co	&		
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING A Registration S Division of Co	ection		

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

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	limited liability	company as it a	ppears on	the records of	the Florida Dep	partment
of State is:	NAPIS	Homes	OK	BORT.	CHARLO	TTE, ELC
2. This limited liab		as organized und	ler the lav	vs of:		OT OCT 15
3. The Florida docu	ument/registration	on number of this	limited li	ability compa	ny is:	
L07000	00/079	75	- *	-		PM 1:51
4. I, RICHAR (Print N	DA. D Jame of Person Res	リタトリ igning)	ِ hereby ا	resign as a	7 G R M (Print Title)	NS
of this limited lial resignation in wr	bility company a					d of my
Signature of Resi	gning Member,	Managing Memi	er or Mai	nager		
Filing Fee:	, ,	-				
Certified Copy:	\$30,00 (Opti	onal)				