## L04000013569

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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DIVISION OF CONFORMATION

## **COVER LETTER**

TO:	_	stration Section	
	Divis	ion of Corporations	
SUBJI	ECT:	TAMBURSHAM QUAL	
		(Name of Lin	nited Liability Company)
The enfiling.	closed	I member, managing member o	r manager resignation and fee(s) are submitted for
Please	return	all correspondence concerning	this matter to:
RAL	PH F	ROCHETEAU, ESQ	·
		(Contact Person)	
RAL	PH R	OCHETEAU & ASSOC	O
		(Firm/Company)	07 MAY 23
9360	sw	72 STREET, SUITE 22	
		(Address)	AP OR
MIAN	ИI, F	L 33173	AMII: 00
		(City/State and Zip Code)	
For fur	rther ir	nformation concerning this matt	ter, please call:
RALI	PH R	OCHETEAU	at ( 305 ) 596-7884
	(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable  \$25 Filing Fee	to the Florida Department of State for:
		V 423 Timig Fee	Certified Copy
		OURIER ADDRESS:	MAILING ADDRESS:
			Registration Section
		Corporations	Division of Corporations
Clifton		ing ve Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
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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 of State is: TA	limited liability company as MBURSHAM QUALIT	it appears on the records TY HOMES, L.L.C.	of the Florida Dep	partment
2. This limited liab	ility company was organized	under the laws of:	07	SEC
3. The Florida doc L04000013	ument/registration number of	this limited liability con	npany is:	RETARY OF STA
4. I, JOSEPH	WORSHAM	, hereby resign as a	MANAGER 8	SKOLL ALIONS
	lame of Person Resigning)		(Print Title)	
resignation in w	bility company and affirm the iting.  (Jay Aha) igning Member, Managing N		ny has been notified	d of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			