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(Requestor's Name)	
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PICK-UP WAIT MAI	L .
(Business Entity Name)	
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SECRETARY OF STATE
TALL AHASSEF FIRE

J. BRYAN

OCT 2 0 2009

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Mainely Hone Standed Liab	ecuices LLC ility Company)
The enclosed member, managing member or managing filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
Stephen M. DeSelle (Contact Person)	宝丽 当
Mainely Home Services (Firm/Company)	LU C
17297 Castile Rid (Address)	STATE LOPIDA
Ft Myrs, Ft 33967 (City/State and Zip Code)	·
For further information concerning this matter, pleas	se call:
Stephen W. Des Mu at (2 (Arc	29 462. 1855 ca Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl \$25 Filing Fee	orida 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	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

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 limited liability company as it appears on the records of the Flor of State is: Mainely Home Services	
2. This limited liability company was organized under the laws of: Lee County State of Floride.	09 OCT 19 PM 2 SECRETARY OF S ALLAHASSEE, FL
3. The Florida document/registration number of this limited liability company is: Lo 40000 357 44	TATE ORIDA
4. I, Dennis B. Cortoran, hereby resign as a MGR (Print Name of Person Resigning) (Print Name of Person Resigning) (Print Name of Person Resigning)	
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (5/06)