# LD4000047872

| (Requestor's Name)                      |  |
|---|--|
| (Address)                               |  |
| (Address)                               |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       |  |
| (Business Entity Name)                  |  |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer: |  |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

### **COVER LETTER**

remebuilders LLC

TO:

Registration Section Division of Corporations

| Dear Sir or Madam:   |   |
|--|---|
| The enclosed Resignation of Member, Managing Member  | or Manager and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to   | the following:  |
| Andres Silva (Name of Person)  | •••   |
| (Firm/Company)   |   |
| 2100 Corporate Drive   |   |
| Boynton Beach, FL 3342<br>(City/State and Zip Code)  | 6   |
| For further information concerning this matter, please call  | • · · · · · · · · · · · · · · · · · · ·   |
| Andres Silva at (57 (Area)   | ol ) 305 - 2380<br>a Code & Daytime Telephone Number)   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount:  |   |
| \$25 Filing Fee  CR2E079 (8/05)  | \$55 Filing Fee &<br>Certified Copy   |



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, Andres Silva , hereby resign as Manager (Title)   |  |  |
|--|--|--|
| or Keystone Luxury Homebuilders LLC (Elimited Liability Company)                               |  |  |
|  |  |  |
| a limited liability company organized under the laws of the State of Florida                   |  |  |
| and affirm that the limited liability company has been notified in writing of the resignation. |  |  |
| X6110 -  |  |  |
| (Signature of resigning manager, managing member or member)                                    |  |  |

### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DIVISION OF CORPORATION