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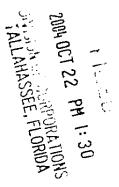
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## TRANSMITTAL LETTER

	stration Section sion of Corporations				
	on the second of				
SUBJECT:	SRA TOWNHOMES I, LLC				
Bobber.	(Name of Limited Liability Company)				
The enclosed	SRA TOWNHOMES I, LLC  (Name of Limited Liability Company)  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:				
Please return	all correspondence concerning this matter to the following:				
	PAUL R. SEXTON				
	(Name of Person)				
	(Firm/Company)				
11359 WILLOW GARDENS DR					
	(Address)				
	WINDERMERE, FL 34786 (City/State and Zip Code)				
	(City/State and Zip Code)				
For further in	formation concerning this matter, please call:				
	(Area Code & Daytime Telephone Number)				
	HAVL R. SEXTON				
Enclosed is a c	neck for the following amount:				
\$25.00 Filin	g Fee \$\bigcup \$30.00 \text{ Filing Fee & } \bigcup \$55.00 \text{ Filing Fee & } \bigcup \$60.00 \text{ Filing Fee, } \\ Certificate of Status & \text{ Certified Copy } \\ (additional copy is enclosed) \text{ Certified Copy } \\ (additional copy is enclosed)				

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, _	STEVEN A. DEL	SLE	, hereby resign as MANAGING MEMBER
			(Title)
of_	SRA TOWNHO	mes t, llc	,
		(Limited Liabili	ty Company)
a li	mited liability company orga	anized under the lav	vs of the State of FLORINA,
and	l affirm that the limited liabi	lity company has be	en notified in writing of the resignation.
	(Signature of r	esigning manager, 1	managing member or member)
	(3.5.1.1.1)	B	manusing moment of montoory

## 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