L0500007523

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL							
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PICK-UP WAIT MAIL	(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL							
MAIL MAIL							
(Business Entity Name)							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:							
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Office Use Only



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07 MAR 28' AM II: 52 SECRETARY OF STATE

CR2E079 (5/06)

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	JECT: HARBOUR BREEZE HOMES, LLC				
	(Name of Limite	ed Liability Company)			
The enfiling.		nanager resignation and fee(s) are submitted for			
Please	e return all correspondence concerning the	nis matter to:			
REE	BECCA TAYLOR				
	(Contact Person)				
BUS	INESS SUPPORT INC.				
	(Firm/Company)				
417	STOWE AVE SUITE A				
	(Address)				
ORA	ANGE PARK, FL 32073				
	(City/State and Zip Code)				
For fu	uther information concerning this matter	, please call:			
REB	BECCA TAYLOR	at (904 ₎ 264-1289			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclos	sed please find a check made payable to	the Florida Department of State for:			
	\$25 Filing Fee	\$55 Filing Fee &			
	V	Certified Copy			
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:			
Regist	tration Section	Registration Section			
	ion of Corporations	Division of Corporations			
	n Building	P.O. Box 6327			
2661 I	Executive Center Circle	Tallahassee, Florida 32314			
Tallah	nassee, Florida 32301				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as RBOUR BREEZE HO		s of the Florida De	partme	ent _·
2. This limited liab	vility company was organized	d under the laws of:			
3. The Florida doc 	ument/registration number o	f this limited liability con	npany is:		
4. I, ROY AND	REW PARKER Jame of Person Resigning)	, hereby resign as a	MANAGING	MEN	BEF
	bility company and affirm th				
RI	Andle	••••	SE TAL	07	
Signature of Res	igning Member, Managing N	Jember or Manager	CRETAKI LAHASSI	MAR 28	FE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		EE, FLORID		.ED