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TO:

Registration Section

Division of Corporations	
SUBJECT: FLORIDA VALUE HOMES LLC	Document Number L05000009525
(Name of Lim	nited Liability Company)
Dear Sir or Madam:	
ou of Manager	
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:
SUSAN C. COHN	
(Name of Person)	Pr S
FLORIDA VALUE HOMES LLC	75 N
(Firm/Company)	
	Ma 2 M
	770
1217 CAPE CORAL PARKWAY, EAST #221	PH : 00
(Address)	
	▶
CAPE CORAL, FL 33904	
(City/State and Zip Code)	
(0.03.1	
For further information concerning this matter, p	lease call:
•	
SUSAN C. COHN	_at (239)826-1065
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS.
Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	A WITHOUT OF A TOTAL OF A T
Enclosed is a check for the following amount:	
\$25 Filing Fee	☐\$55 Filing Fee &
	Certified Copy
CR2E079 (8/05)	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, EDWARD VAIK	, hereby resign as MGRM
of FLORIDA VALUE HOMES LLC	Document Number L05000000525 1 050000 95, 5 (Limited Liability Company)
a limited liability company organize	ed under the laws of the State of Florida
	ning manager, managing member or member) ARE OF THE STATE

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