105000015/67

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| | · | |
| (Cit | ty/State/Zip/Phone | ⇒ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Your Home (Name of Limited I | Center, LLC Liability Company) |
| The enclosed member, managing member or man filing. | nager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this | matter to: |
| Michael Averbuch (Contact Person) | |
| Your Home Center (Firm/Company) | LLC |
| 7016 Treymore Ct | |
| Seria So fa FL 3425 (City/State and Zip Code) | 13 |
| For further information concerning this matter, p | lease call: |
| Michael Averbuch at (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | e Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |

Tallahassee, Florida 32301

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 lost of State is: | limited liability company as it appears on the records of the Florida Department Your Home Center LLC. | |
|------|---|--|--|
| Stek | 2. This limited liabi | lity company was organized under the laws of: | |
| | 3. The Florida document/registration number of this limited liability company is: LOSOOD 15167 | | |
| | of this limited liab resignation in writ | ine of Person Resigning) (Print Title) ility company and affirm the limited liability company has been notified of my | |
| | _ | \$25.00 (Required) \$30.00 (Optional) | |