L050000 23959

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J. BRYAN

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EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: SHELBY HOMES AT CARRIAGE POINTE ESTATES, L.C. (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Robert Shelley (Contact Person) (Firm/Company) 18851 N.E. 29th Avenue (Address) Aventura, Florida 33180 (City/State and Zip Code) For further information concerning this matter, please call: <u>at (954) 318-1000</u>
(Area Code & Daytime Telephone Number) Robert Shelley (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

2661 Executive Center Circle

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

	limited liability company as ELBY HOMES AT CA	= =	
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida doc L05000002	ument/registration number of 23959	f this limited liability cor	npany is:
4. I, Robert Shelley (Print Name of Person Resigning)		, hereby resign as a	Managing Member
	bility company and affirm th	e limited liability compa	,
Signature of Res	gning Member, Managing M	1ember or Manager	77. 20
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2011 NOV 3 SECRETAR TALLAHAS

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