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PICK-UP	WAIT MAIL
	Business Entity Name)
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Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

Division of Corporations	
SUBJECT: AFFORDABLE LLC (Name of Limited Liability Con	mpany)
The enclosed member, managing member or manager resigniling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
JOSE A. SENDRA	_
(Contact Person)	SEL TALL
AFFORDABLE LLC	DEC CRET AHA
(Firm/Company)	2009 DEC 15 PH 12: 53 SECRETARY OF STATE ALLAHASSEE, FLORID.
1314 EAST CAPE CORAL PARKWAY #20	OF S
(Address)	raie Drid)
CAPE CORAL, FLORIDA 33904 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
SOPHIA PRESCOTT at (_239	275-5786
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

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 it ap	opears on the records	of the Flor	rida Der	oartmer 	nt
2. This limited liability company was organized und FLORIDA		ler the laws of: 		SECRETAR) TALLAHASSE	2009 DEC 15	- -
3. The Florida docu L05000038	ment/registration number of this	s limited liability con	npany is:	OF STATE E. FLORIDA	PM 12: 53	
4. I, SOPHIA P	RESCOTT ame of Person Resigning)	_, hereby resign as a	MANAC	SER		
of this limited liab resignation in wri	oility company and affirm the lin		,	,	d of my	у
Filing Fee:	\$25.00 (Required)	_				
Certified Copy:	\$30.00 (Nequired)					