## 405000064501

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(Address)
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## **COVER LETTER**

Division of Corporations	
SUBJECT: MY HOUSE RE (Name of Limit	AL ESTATE, LLC ed Liability Company)
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted fo
Please return all correspondence concerning the	nis matter to:
Kendra Todd	
(Contact Person)	
(Firm/Company)	07 MAR 26
310 NE 1ST Avenue	
DelRay Beach FL (City/State and Zip Code)	33444
For further information concerning this matter	, please call:
(Name of Contact Person)	at (561) 703.1396 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
	••
STREET/COURIER 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

CR2E079 (5/06)

Tallahassee, Florida 32301

**TO:** Registration Section



## 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 limited liability company as it appears on the records of the Florida Department of State is: My House Real Estate, LLC	
2. This limited liability company was organized under the laws of:  The State of Florida  2. This limited liability company was organized under the laws of:  State of Florida  2. The State of Florida  3. The State of Florida  4. The State of Florida  5. The State of Florida  5. The State of Florida  6. The State of Flor	
3. The Florida document/registration number of this limited liability company is:  L0500064501  A SPECIAL PROPERTY OF THE PROP	,
4. I, Kendra Todd , hereby resign as a Managing Member (Print Name of Person Resigning) , hereby resign as a Managing Member of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	12
Signature of Resigning Member, Managing Member or Manager	

NOTARY PUBLIC-STATE OF FLORIDA Amy L. Girouard

Commission # DD589821
Expires: AUG 28, 2010
BONDED THRU ATLANTIC BONDING CO., INC.

CR2E079 (5/06)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)