# 25000068989

· (F	Requestor's Name)
(/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(8	Business Entity Name)
()	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:

A. LUNT

OCT - 1 2008

**EXAMINER** 

Office Use Only



800136243018

SECRETARY OF STATE AND A SECRETA

09/30/08--01027--004 \*\*25.00

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: MUSEINDHOME.COM, LLC
(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:

Thomas	5 R. Kelly			,
	(Contact Person)	<del></del>	•	
1 ST Com	unnoity ma	ortgage Serv	SECTION SECTIO	والماردان
	(Firm/Company)		m mi≖	
5700 0	rooks Rd.	50,4e 107	30 I	
	(Address)		FL U	
Troy, m	nichigan	48098	12: 53 STATE ORIDA	-
	(City/State and Zip Code)	•		

For further information concerning this matter, please call:

Thomas Kelly	_ar(248) 813-5995
(Name of Contact Person)	(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee &

Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

#### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
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

1. The name of the limited liability company as it appears on the records of the Florida Depart of State is:	lment
2. This limited liability company was organized under the laws of:  ARETARY OF D	THE STATE OF THE S
3. The Florida document/registration number of this limited liability company is:	
4. I, Thomas R. Kelly, hereby resign as a MGRM (Print Name of Person Resigning) (Print Title)	
of this limited liability company and affirm the limited liability company has been notified or resignation in writing.	of my
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)