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(Requestor's Name)						
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COVER LETTER

•	ation Section n of Corporations	S		
SUBJECT: _	Vestor	Homes,	LLC	
		(Name of Limit	ed Liability Co	ompany)
The enclosed n filing.	nember, managin	g member or 1	nanager resi	gnation and fee(s) are submitted for
Please return al	l correspondence	concerning t	his matter to	:
Mo	ark Kalman			
	(Contact Per	son)		_
	(Firm/Compa	any)	· · · · · · · · · · · · · · · · · · ·	_
493	20 Luster L	eef Line		
·····	(Address)		·	_
Sa	rosota, FL	34241		
	(City/State and 2	Cip Code)		_
For further info	rmation concerni	ing this matter	, please call:	:
Mark	Kalman		at (941	724-1873
(Nam	e of Contact Perso	n)	(Area Code	e & Daytime Telephone Number)
Enclosed please	s find a check ma \$25 Filing Fee	de payable to	the Florida I	Department of State for: \$55 Filing Fee & Certified Copy
	RIER ADDRES	SS:		MAILING ADDRESS:
Registration Sec Division of Cor				Registration Section
Clifton Building	*			Division of Corporations P.O. Box 6327
2661 Executive				Tallahassee, Florida 32314
Tallahassee, Flo	orida 32301			

CR2E079 (5/06)



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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 of State is:	limited liability company as Vestor Homes, LL	it appears on the records	of the Florida Department
2. This limited light	pility company was organized よる	under the laws of:	
3. The Florida doc	ument/registration number of	this limited liability com	ipany is:
4. I, Mark	Kalman	, hereby resign as a	Managing Member (Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.		
me,	M		
Signature of Res	igning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		