

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (** | | |
| (Ac | ldress) | · · · · · · · · · · · · · · · · · · · |
| | | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | ; #) |
| | _ | _ |
| PICK-UP | ☐ WAIT | MAIL. |
| /D. | usiness Entity Nam | |
| (BL | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
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| Design | | |
|) | Office Use Onl | ly |



98/93/97--91931--992 **25.00

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

| ted Liability Company) |
|--|
| manager resignation and fee(s) are submitted for |
| this matter to: |
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| |
| er, please call: |
| at (407) 230-8093 |
| (Area Code & Daytime Telephone Number) |
| o the Florida Department of State for: \$55 Filing Fee & |
| Certified Copy |
| MAILING ADDRESS: |
| Registration Section |
| Division of Corporations |
| P.O. Box 6327 |
| Tallahassee, Florida 32314 |
| |



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 od Homes LLC | s it appears on the records of the Florida Department |
|---|--|---|
| 2. This limited liab Florida | ility company was organized | d under the laws of: |
| 3. The Florida doc <u>L0500012</u> (| _ | f this limited liability company is: |
| 4. 1, Steve Jones (Print Name of Person Resigning) | | , hereby resign as a member (Print Title) |
| • | bility company and affirm the | ne limited liability company has been notified of my |
| Signature of Resi Filing Fee: Certified Copy: | gning Member, Managing M \$25.00 (Required) \$30.00 (Optional) | Member or Manager 07 AUG -3 |
| | | |