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2001 AUG 13 AH II: 20 SECRETARY OF STATE





TO: Registration Section Division of Corporations
SUBJECT: GOOD Flowes UCC (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:
MATT MEROJAN
(Contact Person)
GODD HOMES CCC (Firm/Company)
1819 BAYLANIAN BLVD
(Address)
1819 BAYLANIAN BLVD (Address) ONLANDO FC 32806
(Cin/State and Zin Code)
For further information concerning this matter, please call:
(Name of Contact Person) Water 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 MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



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	it appears on the records of	of the Florida Dep	artment	
2. This limited lial Florida	oility company was organized	under the laws of:			
3. The Florida doc 	ument/registration number of 0821	this limited liability comp	pany is:		
_{4. I,} Greg Peters		, hereby resign as a	_, hereby resign as a		
(Print Name of Person Resigning)			(Print Title)		
resignation in w			200 SE TAL	l of my	
_	igning Member, Managing M	lember or Manager	2001 AUG 13 SECRETARY FALLAHASSE		
_	\$25.00 (Required)		지 목		
Certified Copy:	\$30.00 (Optional)		AH II: 20 OF STATE E. FLORID.		