## L06000001422

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<del></del>
(Ci	ty/State/Zip/Phone #)	<del></del> _
PICK-UP	WAIT [	MAIL
(Ві	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Stat	tus
Special Instructions to	Filing Officer:	
	W	





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09/22/06--01021--002 \*\*55.00

SEC) ETARY OF STATE ALLAHASSEE, FLORIDA

TILED

## **COVER LETTER**

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Registration Section

Division of Corporations

TO:

Dear Sir or Madam:

Joseph Whaten	
(Name of Person)	<del></del>
FLORIDA HOME SAVERS, LLC. (Firm/Company)	2006 SEP 2 SECRETA TALLAHAS
2745 NW 208th Tex. (Address)	22 P H ARY OF ST SSEE, FLO
Miami, Florida 330500 (City/State and Zip Code)	TATE ORIDA
For further information concerning this matter, please call:	-=
(Name of Person) (Area Code	e & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
☐\$25 Filing Fee	\$55 Filing Fee & Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JEROME NORTON , hereby resign as MANA-GE	<u>5e</u>
of Florida Homesavers LLC (Limited Liability Company)	
a limited liability company organized under the laws of the State of Holldo	<b>1</b>
and affirm that the limited liability company has been notified in writing of the resignat	ion.
Janus Mito	
AH AS	7006 SEP 2

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallabassee, FL 32314