L000010535

| (Re | equestor's Name) | |
|-------------------------|--------------------|--|
| (Ad | dress) | |
| (Ad | dress) | —————————————————————————————————————— |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | 11/01 |

Office Use Only



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SECRETARY OF STATE

COVER LETTER

| Division of Corporations | | |
|---|---|---|
| SUBJECT: 911 HOME SOLUTIONS, LLC | mited Liability Co | ompany) |
| Dear Sir or Madam: | , | ···• |
| The enclosed Resignation of Member, Managing | a Member or N | Manager and fee(s) are submitted for fili |
| | | |
| Please return all correspondence concerning this | matter to the | ionowing: |
| Susan Vanzant | | |
| (Name of Person) | | _ |
| 911 HOME SOLUTIONS, LLC | | |
| (Firm/Company) | | _ |
| 4654 SR 64 E, #114 | | |
| (Address) | | South College |
| Bradenton, FL 34208 | • • • | |
| (City/State and Zip Code) | | _ |
| For further information concerning this matter, p | alease call: | |
| To raide information concerning this matter, p | Acase can. | |
| Susan Vanzant | _at (_941 | 748-8778 de & Daytime Telephone Number) |
| (Name of Person) | (Area Coo | de & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: | | MAILING ADDRESS: |
| Registration Section | | Registration Section |
| Division of Corporations | | Division of Corporations |
| Clifton Building 2661 Executive Center Circle | | P.O. Box 6327 Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | | Tununussee, Tionidu 52514 |
| Enclosed is a check for the following amount: | | |
| \$25 Filing Fee | | \$55 Filing Fee & |
| CR2E079 (8/05) | | Certified Copy |
| CR2E0/9 (8/05) | Agent and Agents. All the Party and | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I. SOLEPH W. CANNISTRA, hereby resign as MEMBER |
|--|
| of 911 HOME SOLUTIONS, L.L.C. |
| (Limited Liability Company) |
| a limited liability company organized under the laws of the State of |
| and affirm that the limited liability company has been notified in writing of the resignation. |
| PA- |
| (Signature of resigning manager, managing member or member) |

FILING FEE IS \$25.00

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

CR2E079 (8/05)