L00000036868

(Requestor's Name)					
. (Address)					
. (Ado	dress)				
(City	//State/Zip/Phone	e #)			
. PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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S. HAWKES

JUN 1 1 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	MAXHOMES REALTY LLC Name of Limited Liability Company		
DOCUMENT NUMBER:	L060000368		
The enclosed Resignation of Refor filing.	egistered Agent for a Limited Liab	pility Company and fee are submitted	
Please return all correspondence	e concerning this matter to the fol	lowing:	
Cynthia L. K	Kennaugh Person		
	1013011		
Name of Firm	n/Company		
1620 Regal C Addre	Cove Court		
Kissimmee, City/State and			
cindylkennaugh E-mail address: (to be used for i	@yahoo.com future annual report notification)	•	
For further information concern	ning this matter, please call:		
Cynthia L. Kennau Name of Person	gh at (407) Area Code & Da	346-5132 ytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: MAXHOMES REALTY LLC (Name of Limited Liab	ility Company)
(Maine of Philiter Flan	anty Company)
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted fo
Please return all correspondence concerning this ma	atter to:
Cynthia L. Kennaugh	
(Contact Person)	
(Firm/Company)	,
1620 Regal Cove Court	
(Address)	
Kissimmee, FL 34744	
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
Cynthia L. Kennaugh	407 346-5132
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F	lorida Department of State for:
\$25 Filing Fee	√ \$55 Filing Fee &
_	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	







RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as i KHOMES REALTY LL	t appears on the records of the Florida DepartmentC
2. This limited liabil	lity company was organized t	under the laws of:
3. The Florida documents L06000036		this limited liability company is:
4. I, Cynthia Kennaugh (Print Name of Person Resigning)		, hereby resign as a Managing Member (Print Title)
of this limited liab resignation in writ	• •	limited liability company has been notified of my
	i L. Kerman	the state of the s
Signatute of Resig	ning Member, Managing Me	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) / \$30.00 (Optional)	