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SECRETARY OF STATE
IVISION OF CORPORATIONS





COVER LETTER

COVE	KLEITE		
TO: Registration Section Division of Corporations			
SUBJECT: Homefree Brokers, LLC (Name of Limite	ed Liability Co	npany)	-
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing N	Member or M	lanager and fee(s) are submitted fo	r filing.
Please return all correspondence concerning this m	natter to the f	ollowing:	·
Gavin T Elliot		_	
(Name of Person)			
Homefree Brokers, LLC			. 0
(Firm/Company)		_	SECRETA IVISION OF
264 W SR 434			ON OF
(Address)			-5 COS P. F.
Lon gwood, Fl. 32750			F STA PORA
(City/State and Zip Code)		_	TE TION
For further information concerning this matter, ple	ase call:		GV. C
Gavin T Elliot	_{at (} 407	v 489 - 3860	
(Name of Person)		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, Gavin T Elliot	, hereby resign as Manager	
	(Title)	
of Homefree Brokers, LLC		
(Lin	nited Liability Company)	
a limited liability company organized und	der the laws of the State of Florida	
and affirm that the limited liability compa	any has been notified in writing of the resignation.	
(Signature of resigning r	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