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COVER LETTER

	stration Section	
Divi	sion of Corporations	
SUBJECT:	Home Soul	ers, LlC
	(Name of Li	mited Liability Company)
The enclosed filing.	d member, managing member o	or manager resignation and fee(s) are submitted for
Please return	all correspondence concerning	g this matter to:
7	Thomas A. CARTER (Contact Person)	
	(Contact Person)	
Hon	(Firm/Company)	
	(Firm/Company)	
105	CABANA View	WAY
	(Address)	
	(City/State and /20 Code)	7/
	(City/State and Lip Code)	
For further in	nformation concerning this ma	tter, please call:
Thu	mas A- CARTER	at (407) 302 0 GOV CEII (321-578-0 d /3
(N	lame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed ple		to the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
		Certified Copy
STREET/C	OURIER ADDRESS:	MAILING ADDRESS:
Registration		Registration Section
Division of	_	Division of Corporations
Clifton Building P.O. Box 6327		
2661 Execut	ive Center Circle	Tallahassae Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

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	SECRETARY OF STATE TALLAHASSEE, FLORIDAE (Print Title) my has been notified of