L06000057924

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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12/29/14--01034--023 **50.00

SECRETARY OF STATE
JALLAHASSEE FLORIDA

TALLAHASSEE FLORIDA

JAN 0 5 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ULTRA HU	ine Sct, LLC	
(Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
MARK Blythe (Contact Person)		
(Contact Person)		
WITRA Home SET LL	C	
(Firm/Company)		
138 Palm Coast Pkwy, NE Ste 139		
(Address)		
Palm Coast, FL 32137-8241 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MARKBlythe	at (800) 645 0220 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: U\$25 Filing Fee X 2. U\$55 Filing Fee & Certified Copy X 2 Members resignations		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	1 dilanassee, Pionica 32314	

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 DEC 29 PM 3:55

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department		
of State is: ULTRA HOME SET LLC.		
2. The Florida document/registration number assigned to this limited liability company is:		
20-4978696 Doc# L06000057924		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/14		
4. I, TNGRID TRAULSEN, hereby withdraw/resign as a (Print Name of Person Resigning)		
MEMBER (Print Title)		
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.		
Ingrid Harbon		
Signature of Dissociating Member or Resigning Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		