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(Re	equestor's Name)	<u>'. </u>
(Ac	idress)	
(Address)		
-(Cit	ty/State/Zip/Phone	: #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

10621 PH 12:5

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PECO Home Installations, LLC (Name of Limited	Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Me	ember or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Bruno Trelles		
(Name of Person)		
PECO Home Installations, LLC		
(Firm/Company)		0
640 NW Stanford Lane	SECRE	06 AUG 21 PH 12: 59
(Address)	ASSI	2
Port St. Lucie, FL 34983	E. F.	Н
(City/State and Zip Code)	STAI	5:2
For further information concerning this matter, pleas	se call:	9
Bruno Trelles at	. 607-3188	
(Name of Person)	(Area Code & 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 &	
CR2F079 (8/05)	Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Nelson Suarez	, hereby resign as MGR, (Title)
of PECO Home Installations, LLC (Limited Liabilit	y Company)
a limited liability company organized under the law and affirm that the limited liability company has be (Signature of resigning manager, n	en notified in writing of the resignation AUG 21 PH 12:

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