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SECRETARY OF STATE
AND AHASSFE FLORIOR

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JECT: HOME FOUR			
	(Name of Limited L	iability Company)		
The enfiling.	nclosed member, managing member or man	ager resignation	and fee(s) are s	ubmitted for
Please	e return all correspondence concerning this i	matter to:		
	MARTIN E. PONS			5 S 07
	(Contact Person)	•		ECRE
MAI	RTIN E. PONS, ATTORNEY AT LAW	N		355 6
	(Firm/Company) 9370 Sunset Drive, Suite A-	-100		FEF LORI
	(Address) Miami, Florida 33173			빚ਜ਼
	(City/State and Zip Code)			
For fu	urther information concerning this matter, pl	ease call:		
	MARTIN E. PONS at (305 Area Code & Day	275-7072	
	(Name of Contact Person) (A	Area Code & Day	time Telephone l	Number)
Enclo	osed please find a check made payable to the \$25 Filing Fee	X \$55 Fil		r:
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	Regis Divis P.O. 1	LING ADDRES stration Section ion of Corporati Box 6327 hassee, Florida 3	ions

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability company as it appears on the records of the Flo	orida Dep	partmen	t
of State is:	HOME FOUR, LLC			
	ility company was organized under the laws of:	SECRETARY OF ALLAHASSEE FL	APR 20 AM	
3. The Florida doci	STATE	7: 39		
L06000107	436	무근	9	
	E. PONS , hereby resign as a MGR (Problem of Person Resigning) (Problem of Person and affirm the limited liability company has been dependent on the limited liability company and affirm the limited liability company has been dependent on the limited liability company and affirm the limited liability and affirm the liability and affirm the liabi	rint Title)	d of my	
resignation in wr		ii nonne	d of fily	
Monte E	ch_			
Signature of Resi	gning Member, Managing Member or Manager			
_	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			