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(Re	questor's Name)				
(Ad	dress)	<u></u> -			
(Ad	dress)				
(Cit	y/State/Zip/Phone	⇒ #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to I	Filing Officer:				





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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PEOPLE'S Home SA			
(Name of Limited Liabili	ty Company)		
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for		
Please return all correspondence concerning this matt	er to:		
GARY D. WISHMA, PRESIDENT			
(Contact Person)	· · ·		
	78		
(Firm/Company)	程 日		
4900 48th Avenue North	FEB 13 AM 11: 25 LAHASSEE, FLCORE		
(Address)	当		
4900 48th Avenue North (Address) ST. Peters buyg Avida 33709 (City/State and Zip Code)	N: 25		
For further information concerning this matter, please	call:		
(Name of Contact Person) at (97)	3 699.600 Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Flo \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy		
	Cerunica Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
61 Executive Center Circle Tallahassee, 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

1. The name of the of State is:	limited liability comp	any as it app SAVEIS,	LLL,	cords of the Flor	ida Department	
	ility company was org					· -
T0600011			*** ===		·	. 3
	ame of Person Resigning)					
resignation if wri	pility company and affiting. When the state of the state)		4.4	notified SECRETARY	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	,			AMII: 25 OF STATE EF, FLORIDS	