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## **COVER LETTER**

TO:	Registration Section	
	Division of Corporations	
SUBJ	· ·	
	(Name of Li	mited Liability Company)
The er filing.	nclosed member, managing member of	or manager resignation and fee(s) are submitted for
Please	return all correspondence concernin	g this matter to:
Johr	n C. Thierry	
	(Contact Person)	
•	(Firm/Company)	
1702	2 Ben Cove Court	
	(Address)	
Orla	ndo, Florida 32818	•
	(City/State and Zip Code)	
For fu	rther information concerning this ma	tter, please call:
Johr	n C. Thierry	at ( 321 ) 9470929
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable  \$25 Filing Fee	to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
Regist Division Clifton 2661 I	CET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appears perior Home Technology, LLC	on the records of the Florida Department
2. This limited liab Florida	ility company was organized under the	laws of:
L07000	ment/registration number of this limite	
4. 1, <b>A</b> MEE ^	ARAIE C. THIGARY, here	by resign as a (Print Title)
•	pility company and affirm the limited li	ability company has been notified of my
O him		
Signature PResi	gning Member, Managing Member or	Manager
Filing Fee: Certified Copy:	\$25.00 (Required)	