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SECRETARY OF STATE

TALLAHASSEF FLORINA

D. BRUCE

NOV 2 4 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Zenith Homes, LLC  (Name of Limited Liability Com	npany)
The enclosed member, managing member or manager resignifiling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Barbara J Brock	_
(Contact Person)	-
Zenith Homes, LLC	- 08
(Firm/Company)	
27124 NW 203 Place	V 21
Experience (More (Address)	
High Springs, FL 32643	ESTATE FLORIDA
(City/State and Zip Code)	Sim a
For further information concerning this matter, please call:	
Barbara J Brock at ( 813	785-4663
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for:  555 Filing Fee &  Certified Copy
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 please find a check made payable to the Florida D \$\sumset \frac{1}{2} \\$25 Filing Fee \$\sumset \frac{1}{2} \\$ <b>STREET/COURIER ADDRESS:</b> Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Department of State for: 1555 Filing Fee & Certified Copy  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327



## 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 nith Homes, LLC	it appears on the records	s of the Florida Department.
2. This limited liab	ility company was organized	d under the laws of:	
3. The Florida doc <u>L0700001</u>	ument/registration number o	f this limited liability con	npany is:
4. I, Theodore		, hereby resign as a	MGRM
(Print A	ame of Person Resigning)		(Print Title)
resignation in wr	bility company and affirm the iting.  Solution of the state of the sta		ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		08 NOV 21 , SECRETARY OF TALLAHASSES, F

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