607000020424

(Re	questor's Name)				
(Add	dress)				
(Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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SECRELARI OF STATE
FI ORIDA

COVER LETTER

	tion Section of Corporations		· .
_{SUBJECT:} Xa	nadu Homes of Florida Ll	_C	
	(Name of Li	mited Liability Company)	
The enclosed Arti	cles of Amendment and fee(s) are su	bmitted for filing.	
Please return all c	orrespondence concerning this matte	r to the following:	· .
	Thomas Harrier		
	. (Name of Person)	
	Tom Harrier & Associa	ates P.A.	
·		Firm/Company)	···
	9025 Boggy Creek R	Rd., Unit 1	
•		(Address)	
	Orlando, FL 32824	•	
,	(City)	/State and Zip Code)	
For further inform	nation concerning this matter, please of	call:	
Thom	as Harrier	at (407) 812-	7384
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check	for the following amount:	•	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it adu Homes of Florida	appears on the records of the Flori	ida Department
2. This limited liabiling Florida	ity company was organized u	inder the laws of:	
3. The Florida docum L070000204		his limited liability company is:	
	ne of Person Resigning)	•	t Title)
of this limited liabil resignation in writi		limited liability company has been	notified of my
Band Bo	nat		
Signature of Resign	ning Member, Managing Me	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)