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Certified Copies	Certifi <u>c</u> ate	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE AS DIVISION OF CORPORATIONS



## COVER LETTER

SUBJECT: Foliar Management Agency LLC (Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
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mmg.	
Please return all correspondence concerning this matter to:	
Contact Person)	
— (Firm/Company) STP	SECRE
7900 6 lades Rd Sure 350	FILED S
BOC9 RG101 F1 33434 = 5	RATIONS
For further information concerning this matter, please call:	
(Name of Contact Person) at (56/) 470-(50/ (Name of Contact Person) (Area Code & Daytime Telephone Number)	-
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$ Certified Copy	
STREET/COURIER ADDRESS:  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	

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 Florida Department	ırtment
of State is: Federal Home Management Agency LLC	*
2. This limited liability company was organized under the laws of:	DIVISION OF CORPO
3. The Florida document/registration number of this limited liability company is:	三翼
L070000 45790	9.4 S.80
I. I, Ca: a Feldman, hereby resign as a Member (Print Name of Person Resigning) (Print Title)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	of my
Signature of Resigning Member, Managing Member or Manager	
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	