# L07000084198

(Requestor's Name)				
(Address)				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(,,,,,				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

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**EXAMINER** 

Office Use Only



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Robin L. Lumb rlumb@windriverholdings.com (610) 962-3776

November 19, 2008

#### Via Federal Express 8663 1361 5871

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Haven Custom Homes Florida, LLC

Gentlemen:

/rll

**Enclosures** 

Enclosed for filing please find an original and copy of Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company with regard to the above-captioned company, together with our check in the amount of \$25 representing the required filing fee.

Kindly file the document and return a date-stamped copy to me in the envelope provided.

Thank you for your attention to this matter.

Sincerely,

Robin L. Lumb Legal Assistant

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Haven Custom Hom (Name of Limi	nes Florida, LLC
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Robin Lumb	
(Contact Person)	
Wind River Holdings, LP	
(Firm/Company)	
555 Croton Road, Suite 300	
(Address)	
King of Prussia, PA 19406 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Barry Swirsky	at ( 610 ) 962-3791
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee & ≥@ &
_	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS: 55 20 20
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327 👼 😅 💛
2661 Executive Center Circle	Tallahassee, Florida 323 4
Tallahassee, Florida 32301	>'''

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 ven Custom Hom		of the Florida Department	
2. This limited liab Florida	ility company was organized	d under the laws of:		
3. The Florida doci L07000084	ument/registration number o	of this limited liability com	npany is:	
<sub>4. I,</sub> Barry Sw	virsky	, hereby resign as a Manager		
•	ame of Person Resigning)		(Print Title)	
resignation in wr	bility company and affirm the iting.  OU WWW.  gring Member, Managing I		ny has been notified of my	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·	08 NOV 20 1 SECRL MASSE TALLAHASSE	

CR2E079 (5/06)