

LD7000099748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

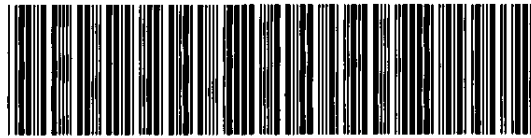
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MAY 13 2009

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 11 PM 2:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMFORT HOMES, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KB LOAKNATH
(Contact Person)

COMFORT HOMES, LLC
(Firm/Company)

8818 COMMODITY CIRCLE, STE 42
(Address)

ORLANDO, FL 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

KHUSHDYALL LOAKNATH at (407) 854-4449
(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

☐ \$55 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



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 of State is: COMFORT HOMES, LLC
2. This limited liability company was organized under the laws of:
FLORIDA
3. The Florida document/registration number of this limited liability company is:
L07000099748
4. I, KHUSHDYALL LOAKNATH, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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