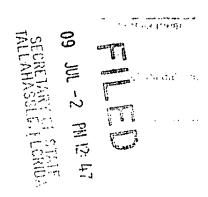
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S. HAWKES

JUL 2 - 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Home ASSET MANAGE (Name of Limited Liabil	lity Company)
The enclosed member, managing member or manage filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this mate	ter to:
LEFFREY KRAUS (Contact Person)	
HOME ASSET MANAGEMENT (Firm/Company)	onop, LLC
5645 COPAL RIDGE DRIVE	#128
CORAL Spaints, FL 330' (City/State and Zip Code)	76
For further information concerning this matter, please	e call:
Name of Contact Person) at (9)	SY 835-1569 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: \$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

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 annears	on the records o	of the Florida Der	O Sartmentii
of State is:	DIME ASSET MANAGE	e ment	prof, LLC	. Torka Dep	
	lity company was organized		•	SSI STATE AND A COLOR	-2 PH 12: 47
3. The Florida docu	ment/registration number o	f this limited	d liability comp	oany is:	
L070001	04848	 •			
4.1, JOHN	E KANTER	, herel	oy resign as a _	MGKM (Print Title)	
(Print No	ame of Person Resigning)			•	
resignation in wri	pility company and affirm the ting. My Resident	u M	\$ Effectiv	has been notifie	d of my
_	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				