L07000105575

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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11/05/07--01052--004 **43.75

01/24/08--01006--007 **6.25

08 JAN 24 AM 10: 07

DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Home Vultures LLC (Name of Lim	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Leonardo Clavel	• •
(Contact Person)	
Home Vultures LLC	
. (Firm/Company)	
2699 Stirling Road A 304	
(Address)	
Fort Lauderdale, Florida 33312	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Leonardo Clavel	at (954-) 963-3363
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•

CR2E079 (5/06)

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2007

LEONARDO CLAVEL 2699 STIRLING RD A 304 FT LAUDERDALE, FL 33312

SUBJECT: HOMEVULTURES LLC Ref. Number: L07000105575

We have received your document for HOMEVULTURES LLC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$6.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 307A00064669



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 of State is: HO	limited liability company a	as it appears on the records	of the Florida Department
2. This limited liab	ility company was organiz Orida	ed under the laws of:	
3. The Florida doc L0700010		of this limited liability com	pany is:
4. I, Gayoso, G	Gonzalo A.	, hereby resign as a _	MGRM" = Managing Member
	bility company and affirm t	the limited liability compan	,
Signature of Resi	gning Member, Managing	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETA DIVISION OF