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SECRETARY OF STATE
ALLAHASSEE, FI ORIGA

T. HAMPTON

OCT 1 0 2008

EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: Your Great Ga (Name of Limited L	rage - Tampq, LLC.
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Tom Potts (Contact Person)	
(Contact Person)	
Your Gleat Home, I	nc.
4280 St. Johns Pla	
_	•
Sanford, FL 32771	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Jon Potts at (813 857-3836
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
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

1. The name of the	limited liability company as	it appears on the rea	cords of the F	lorida Denartmen
of State is:	Pour Great Gal	29e - Tamp	a, LC	
2. This limited liab	ility company was organized	under the laws of:		
	ument/registration number of	this limited liability	company is:	
4. I,	as PoHS ame of Person Resigning)	, hereby resign	as a <u>M</u> (F	Print Title)
of this limited lial resignation in wr	bility company and affirm the iting.	e limited liability co	mpany has be	en notified of my
Signature of Resi	gning Member, Managing M	ember or Manager		
_	\$25.00 (Required) \$30.00 (Optional)		2008 DCT -9 SECRETARY TALLAHASSE	