## 101000/21107

(Requestor's Name)
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(Address)
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**EXAMINER** 

## **COVER LETTER**

. TO: Registration Section Division of Corporations	
SUBJECT: Homeshield Window & Doo	
(Name of Limited Lia	ibility Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Warren Scott Parker	
(Contact Person)	
HomeShield Window & Door, LLC	
(Firm/Company)	
1383 N. Killian Drive	
(Address)	200 SE TAL
Lake Park, FL 33403	DEC
(City/State and Zip Code)	ARY SSS
For further information concerning this matter, ple	SECRETARY OF STATE ALLAHASSEE, FLORID ase call:  561
Scott Parker at (	561 845-7550 SE S
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the l \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 compan of State is: HomeShield Window	y as it appears on the records of the Florida Department & Door, LLC
2. This limited liability company was organ Florida	nized under the laws of:
3. The Florida document/registration number L07000121107	·
<sub>4. I,</sub> Robert E Parker, Jr	hereby resign as a Managing Partner
(Print Name of Person Resigning)  of this limited liability company and affire resignation in writing.  Robert E Robert  Signature of Resigning Member, Managin	m the limited liability company has been notified of my  ARRY OF THE LIMIT OF THE L
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	