10800005413

| James Payne | | | | |
|--|--|--|--|--|
| (Requestor's Name)) | | | | |
| 4615 Cronin Dr | | | | |
| (Madess)) | | | | |
| | | | | |
| (Address) | | | | |
| Sprasofa Fl. 34232 (City/State/Zip/Phone #) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP) WAIT MAIL | | | | |
| Wind Proof Homes (Business Entity Name) | | | | |
| (Business Entity/Name) | | | | |
| LD800005413 (Document Number) | | | | |
| (посливи или или или или или или или или или | | | | |
| Certified Copies Certificates of Status | | | | |

Special instructions to Filing Officer:

L. SELLERS

APR 2 3 2009

EXAMINER

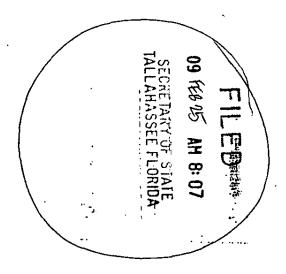
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02/25/08--01013--021 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Wind Proof Homes (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: |
| JAmes Payne (Contact Person) |
| FAX: 850 245 6030 Attn: leslie Sellers (Firm/Company) |
| 4615 Cronin Dr (Address) |
| SDASO A Fl. 34232 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Three Payre at 941 321-6433 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S65 Filing Fee & Certified Cupy |
| 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

| | nited liability company as it as no Proof 14omes | ppears on the records of the Florida Departmen | nt |
|---|--|--|-----|
| 2. This limited liability | y company was organized und | ler the laws of: | |
| 3. The Florida docum | ent/registration number of this) 5니 1 3 | s limited liability company is: | |
| 4. I, JAmes (Print Nam | PAYNE of Person Resigning) | , hereby resign as a Managing Mem | ber |
| of this limited liabilinesignation in writing | | nited liability company has been notified of m | y |
| Signature of Resign | ing Member, Managing Memb | ber or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | T A S | 0.0 |

CR2E079 (5/06)