L08000040890

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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SECRETARY OF STATE ON CORPORATIONS

N. Cuffgan MAY 12 2011:

COVER LETTER

TO:

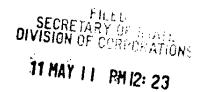
Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Paradise Home Realty I	
(Name of Limit	ed Liability Company)
The enclosed member, managing member or r filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
Patricia Sarfert	
(Contact Person)	
Paradise Home Realty LLC	
(Firm/Company)	
3201 Rothschild Dr	
(Address)	
Pensacola FL 32503	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Patricia Sarfert	at (850) 449-0908
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$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 2661 Executive Center Circle	P.O. Box 6327
ZOOT EXCURING COINCI CITCIE	Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

The name of the limited liability company as it ap of State is: Paradise Home Realty LLC	pears on the records of the Florida Department
2. This limited liability company was organized und Florida	er the laws of:
3. The Florida document/registration number of this L08000040890	limited liability company is:
_{4. I,} Shelia E. Ramsey	, hereby resign as a Manager/Member
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lim resignation in writing.	ited liability company has been notified of my
Shelei aRousey	
Signature of Resigning Member Managing Memb	er or Manager
Filing Foot #25.00 (Paraline)	a in with the
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	Jed 1 00 00 01 2011
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