(Requestor's Name)						
(Address)						
(Address)						
(
(C)-1C-1-17-110						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Coodmon Name)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
\$						
<u> </u>						

Office Use Only

G. MCLEOD

JAN 21 2009

EXAMINER



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SECRETIAL OF STATE

COVER LETTER

TO:	_	stration Section ion of Corporations		
	D1113	ion of corporations		
SUBJ	ECT:	SAVE OUR HOME USA,		
		(Name of Limited	l Liability Cor	npany)
The er filing.		I member, managing member or ma	anager resig	gnation and fee(s) are submitted for
Please	return	all correspondence concerning thi	s matter to:	
BRE	ENDA	EILERS		
		(Contact Person)		_
SAV	E OL	IR HOME USA, LLC		_
		(Firm/Company)		_
244	SHO	PPING AVENUE STE 26	7	_
		(Address)		
SAR	RASO	TA, FL 34237		_
		(City/State and Zip Code)		
For fu	rther in	nformation concerning this matter,	please call:	
BRE	NDA	EILERS	941	366-2064
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable to the \$25 Filing Fee		Department of State for: \$55 Filing Fee & Certified Copy
STRE	ET/C	OURIER ADDRESS:		MAILING ADDRESS:
-		Section		Registration Section
		Corporations		Division of Corporations
	n Build	•		P.O. Box 6327
		ive Center Circle Florida 32301		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

	imited liability company as /E OUR HOME USA		s of the Florida Depa	artme	nt -
2. This limited liabi FLORIDA	lity company was organized	under the laws of:			
3. The Florida docu L08000079	ment/registration number of 833	this limited liability cor	npany is:		
4. I, BRENDA E	EILERS	, hereby resign as a	MGRM		
	me of Person Resigning)	, norde, resign as a	(Print Title)		•
of this limited liab resignation in wri	ility company and affirm the	limited liability compa	ny has been notified	of m	ıy
Rendo	fles			سر	
Signature of Resig	gning Member, Managing M	ember or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	-		09 JAN 20	DIVISION OF C
				\mathbb{R}	Ng∙