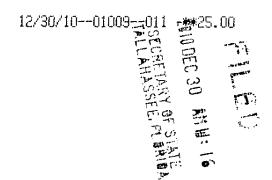
L080000 82498

Office Use Only



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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Home Renovation and Re-Sale Specialists, Ly		
(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:		
Thomas Hughes (Contact Person)		
Home Renovation and Re-Sale Specialists, LLC (Firm/Company)		
362 Evergreen Place (Address)	1	
Destin, FL 32541 (City/State and Zip Code)		
For further information concerning this matter, please call:	•	
Kelli Crockett at (850) 687-9258 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327		

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

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 company as it ap of State is: Howe Renovation and		
2. This limited liability company was organized under FIDV 1 d a	er the laws of:	
3. The Florida document/registration number of this	limited liability company is:	
L08000082498	P S 22	
4.1, Kelli M. Crockett	, hereby resign as a MGR MI CO	
(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	
Signature of Resigning Member, Managing Member or Manager		
Filing Fee: \$25.00 (Required)		

\$30.00 (Optional)

Certified Copy: