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SECRETARY OF STATE
VALLAHASSEE, FIORIA,

D. BRUCE
MAY 0 4 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HOMEOWNERS HELPLINE (Name of Limited Liability Com	UC pany)
The enclosed member, managing member or manager resign filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
JOSEPH SPITHIERI (Contact Person)	
(Contact Person)	
(Firm/Company)	Au. O
2495 Stirling Road, # 62 (Address)	9 MAY - ECRETA LAHAS
Fort Law Aer day E 333/2- (City/State and Zip Code)	PH 2: 2: RY OF STATIONSEE, FLORING
For further information concerning this matter, please call:	DA STE
TOE SPITALINI at (Area Code (Area Code) 877 220 0675 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for: 55 Filing Fee & Certified Copy
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

	limited liability compan Homevwrens			of the Floric	la Depar	tment
2. This limited liab	ility company was organ	ized under the laws	s of:			
3. The Florida doct	ument/registration number	er of this limited lia	bility com	pany is:		
	Bにアリー (ame of Person Resigning) bility company and affirmating.					of my
Signature of Res	igning Member, Managin	ng Member or Man	ager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			TALLAHAS	O9 MAY -	T