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T. CLINE APR 1:5:2009

EXAMINER

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: Tampa Homes 24-7 LI	LC		
(Name of Lin	nited Liability Company)		
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for		
Please return all correspondence concerning	this matter to:		
Calum J. MacKenzie			
(Contact Person)			
Tampa Homes 24-7 LLC			
(Firm/Company)	SEC SEC		
17918 Arbor Haven Drive	APR AHA		
(Address)	SSE SEE		
Tampa, FL 33647	SECRETARY OF STATE ALLAHASSEE, FLORID		
(City/State and Zip Code)			
For further information concerning this matt			
Calum J. MacKenzie	at (813) 541-4645		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable \$\sqrt{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	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

Tallahassee, Florida 32301

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 ap oa Homes 24-7 LLC	opears on the records of the	e Florida Department
2. This limited liability Florida	ty company was organized und	er the laws of:	2009 A SECH TALL/
3. The Florida docum L09000204	ent/registration number of this	limited liability company	2009 APR IL AM 10: 38 SECRETARY OF STATE ALLAHASSEE, FLORID
4. I, Kathleen M.	MacKenzie e of Person Resigning)	, hereby resign as a Mar	nager SA 33 (Print Title)
of this limited liabil resignation in writing	ity company and affirm the lim	ited liability company has	been notified of my
Signature of Resign	Mackuzu ¹ ing Member, Managing Memb	er or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		