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SECRETARY OF STATE
TALLAHASSEE, FLORID,

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D. BRUCE

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|---|
| SUBJECT: Florihome Realty LLC | nited Liability Company) | - |
| (Name of Lin | nited Liability Company) | |
| The enclosed member, managing member of filing. | r manager resignation and fee(s) are submitted | d for |
| Please return all correspondence concerning | g this matter to: | |
| Redouane Lahik | | |
| (Contact Person) | | |
| Florihome Realty LLC | | 99 SEC |
| (Firm/Company) | | |
| 13619 Zori LN | | -6 ARY |
| (Address) | | |
| Windermere, FL 34786 | · | 09 JUL -6 PH 2:02 SECRETARY OF STATE ALLAHASSEE, FLORID |
| (City/State and Zip Code) | | 4 1, |
| For further information concerning this mat | ter, please call: | |
| Redouane Lahik | _at (_407) 583-9332 | _ |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable \$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

| | limited liability company as rihome Realty LLC | s it appears on the records of the Florida | a Department |
|--------------------------------|--|--|------------------------------------|
| 2. This limited liab | ility company was organized | d under the laws of: | SECRETARY C TALLAHASSEE |
| 3. The Florida doci | <u> </u> | f this limited liability company is: | PM 2: UZ OF STATE E, FLORIDA |
| _{4. I,} Nadia El E | | , hereby resign as a MGRM | |
| | ame of Person Resigning) | (Print I | , |
| resignation in wr | iting. | ne limited liability company has been no | otified of my |
| Signature of Resi | gring Member, Managing N | dember or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |
| | | | |

CR2E079 (5/06)