## 109000070671

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of S	tatus				
Special Instructions to Filing Officer:					
·					

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12/01/09--01023--017 \*\*135.00



C. LEWIS

DEC 22009

EXAMINER

## **COVER LETTER**

то:	_	tion Section of Corporations				
SUBJI	ECT:	American (	Home !	SDIUTIONS ed Liability Con	Realty pany)	LLC
The en filing.	iclosed me	ember, managing	member or n	nanager resig	nation and fee	(s) are submitted for
Please	return all	correspondence of	concerning th	nis matter to:		
	Judith	M. Ferna (Contact Person	indez			
Ame	rilan	Home Solut (Firm/Company	ions Ree	asty UC		
<u>389</u>	50 Bi	Yd Ro. PH (Address)	-4			
<u>Ca</u>	ral Go	OC3) A 3	33) 46 Code)			
For fur	ther infor	mation concernin	g this matter	, please call:		
Jud	ith M (Name	of Contact Person	?Z;	at ( <u>305</u> (Area Code	) <u>308- 85</u> & Daytime Tel	ephone Number)
Enclos		find a check mad ]\$25 Filing Fee	e payable to		epartment of S 55 Filing Fee Certified Co	&
Registr Division Clifton 2661 E	ration Sector of Corp Building Executive (		<b>5:</b>		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7

CR2E079 (5/06)



FILED
2009 DEC -1 PM 12: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## 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	appears on the records	of the Florida Department
of State is:	American Home Solu	Hidns Realty	UC .
	oility company was organized u		
10900	ument/registration number of th カロ フロレフト	············	
4. I, LOYENZO (Print N	PUCZ , Jv.  Jame of Person Resigning)	, hereby resign as a	Manager (Print Title)
	bility company and affirm the li		
Signature of Resi	igning Member, Managing Men	nber or Manager	
	\$25.00 (Required)		
Cerunea Copy:	\$30.00 (Optional)		