## L09000086681

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
, PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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C. LEWIS NOV 2 2010 EXAMINER

## **COVER LETTER**

TO:

CR2E079 (5/06)

Registration Section

Division of Corporations				
HOME BECOMBOE ON				
SUBJECT: HOME RESOURCE GALLERY, LLLC				
(Name of Limited	d Liability Company)			
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for			
Please return all correspondence concerning the	is matter to:			
MICHELE DIGLIO-BENKIRAN				
(Contact Person)				
BENKIRAN LAW FIRM, P.A.	•			
(Firm/Company)				
1999 WEST COLONIAL DRIVE #2	204			
(Address)				
ORLANDO, FL 32804				
(City/State and Zip Code)	<del>.</del>			
For further information concerning this matter,	please call:			
MICHELE DIGLIO-BENKIRAN a				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to t  \$25 Filing Fee	he Florida Department of State for:			
<b>▼</b> \$23 Filmig Fee	Certified Copy			
	Collinea 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				



FILED

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"SEURETARY 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

	limited liability company as DME RESOURCE GA		the Florida Department
2. This limited liab	vility company was organized	under the laws of:	
3. The Florida doc L0900008	ument/registration number of 6681	this limited liability compar	ny is:
4. I, MHAMED	BENKIRAN	, hereby resign as a M	ANAGER
(Print N	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the	e limited liability company h	as been notified of my
		A	
Signature of Res	igning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		