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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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06/18/10--01012--014 **25.00

10 JUN 18 AM 10: 34
SECRETARY OF STATE
TAIL AMASSEE FLORID

COVER LETTER

Division of Corporations
SUBJECT: Elite Home Make overs, L.L.C. (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Linda J. Metaxa (Contact Person)
(Firm/Company)
3849 Woodfield Drive
Coconut Creek, FL 33573 (City/State and Zip Code)
For further information concerning this matter, please call:
Linda J. Metasa at (954) 234-7145 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)



FILED

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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 t of State is: کے	he limited liability company as it	rappears on the records of	<u>-</u>
	iability company was organized u	inder the laws of:	
<u> </u>	ocument/registration number of t		•
4. I, <u>Lind</u>	a J. Metaxa nt Name of Person Resigning)	, hereby resign as a _	(Print Title)
	liability company and affirm the	limited liability company	,
Signature of R	esigning Member, Managing Me	mber or Manager	
Filing Fee:	\$25.00 (Required)		

\$30.00 (Optional)

Certified Copy: