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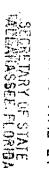




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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ruggeri Home T (Name of Limited Liabil	ity Company)
The enclosed member, managing member or manager filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this matt	er to:
Sandra L Conners (Contact Person)	<del></del>
(Firm/Company)	
281 Rosario ST	<del> </del>
ST. Augustine FL 3208 (City/State and Zip Code)	5 <u>6</u>
For further information concerning this matter, please	e call:
Sandra Conners at (9) (Name of Contact Person) (Area	Code & Daytime Telephone Number
Enclosed please find a check made payable to the Flo	rida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## 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 I	imited liability company as it	annears on the records of th	e Florida Denartment
	ggeri Home		
2. This limited liabil	ity company was organized u	nder the laws of:	
_	ment/registration number of th	is limited liability company	is:
4. I, <u>Sandra</u> (Print Na	L Conners me of Person Resigning)	, hereby resign as a M	FRM (Print Title)
•	ility company and affirm the l	imited liability company ha	s been notified of my
	L Comus ning Member, Managing Mer		
Filing Fee: Certified Copy:	\$25.00 (Required) —. \$30.00 (Optional)		2012 JAN