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(Re	questor's Name)	
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HAWKES

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EXAMINER

S. HAWKES

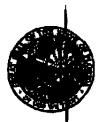
APR 1 2 2010

EXAMINER

## **COVER LETTER**

CR2E079 (5/06)

TO:	Registration Section Division of Corporations	
	Division of Corporations	
SUBJ	NEW HOMES ATB LLC	
	(Name of Limited	ed Liability Company)
The en		nanager resignation and fee(s) are submitted for
Please	e return all correspondence concerning the	nis matter to:
Mar	ilyn F. Downing	
	(Contact Person)	
New	Homes Across Tampa Bay	
	(Firm/Company)	
Kelle	er Williams 345 Buschwood Pk	k.Dr. #345
	(Address)	
Tam	ipa, FL 33618	
	(City/State and Zip Code)	
For fu	orther information concerning this matter,	, please call:
Mari	ilyn F. Downing a	at ( 813 ) 240-0200
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payable to t	the Florida Department of State for:
	\$25 Filing Fee	\$55 Filing Fee &
	<del></del>	Certified Copy
STRE	EET/COURIER ADDRESS:	MAILING ADDRESS:
_	tration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
Tallah	assee, Florida 32301	



## 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 a of State is: NEW HOMES ATB LLC	ppears on the records of the Florida Department
2. This limited liability company was organized und	ler the laws of:
3. The Florida document/registration number of this	limited liability company is:
4. I, DEVON D. POLO (Print Name of Person Resigning)	, hereby resign as a MGRM (Print Title)
of this limited liability company and affirm the ling resignation in writing.  A way A Polo	ited liability company has been notified of my
Signature of Resigning Member, Managing Mem	er or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (5/06)