L1000003/439

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECKETARY OF STATE
ANASSEE FI DRID

D. BRUCE
DEC 07 2011
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: SENTRY HOME S (Name of Limited Lie	ERVICES LLC ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	natter to:
PRISCILA J. GRIMES (Contact Person)	
SENTRY HOME SERVICES (Firm/Company)	AECRETARY FALLAHASSE
PO Box 1575 (Address)	SSEE.
NAPLES FLORIDA 30 (City/State and Zip Code)	L001
For further information concerning this matter, ple	ase call:
PRISCILA J. GRIMES at (Name of Contact Person) (A	239) 250 - 6986 Trea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 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)

2661 Executive Center Circle , Tallahassee, Florida 32301



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 it ap	•	orida Department
2. This limited liab	lity company was organized und	der the laws of:	FILE 11 DEC -6 A
	ment/registration number of this	• • •	ATII: 28 OF STATE EE. FLORIDA
4. I, WILLIAM (Print No.	ome of Person Resigning)	_, hereby resign as a MAN	A-GING MEMBER rint Title)
of this limited liab resignation in wri	oility company and affirm the lin	nited liability company has bed	en notified of my
Signature of Resi	gning Member, Managing Mem	ber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		