Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000718703)))



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To:

Division of Corporations

Fax Number

: (850)617~6383

From:

Account Name : LICENSES ETC INC Account Number : 120070000159 Phone : (239)777-1028

Phone ; (2)
Fax Number : (8)

: (239)///-1028 : (877)275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDREW HUNTER HOMES LLC

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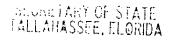
COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Andrew Hunter Homes LLC		
(Name of Limite	d Liability Company)	
The enclosed member, managing member or mailing.	anager resignation and fee(s) are submitted for	
Please return all correspondence concerning th	is matter to:	
Chrissi Jackson		
(Contact Person)	_	
Licenses Etc., Inc.		
(Firm/Company)		
15275 Collier Blvd. #201-300		
(Address)		
Naples, FL 34119		
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
Chrissi Jackson	239 777-1028	
(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	\$55 Filing Fee &	
-	Certified 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 32301	Tallahassee, Plorida 32314	
CR2E079 (5/06)		

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	drew Hunter Homes L	it appears on the records of the Florida Department LC
2. This limited liab	oility company was organized	under the laws of:
3. The Florida doc L1000005		this limited liability company is:
4. I, David Wai	nscott	, hereby resign as a MGRM (Print Title)
(Print N	ame of Person Resigning)	(Print Title)
of this limited lia resignation in wr	bility company and affirm the	limited liability company has been notified of my
121	Du H	
Signature of Resi	gning Member, Managing M	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
	• • •	

CR2E079 (5/06)