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(Re	questor's Name)			
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. (Ade	dress)			
. (Cit	y/State/Zip/Phone	9 #)		
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	_ Certificates	s of Status		
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Office Use Only .



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: GHE HOLDINGS LC, (Name of Limited Liability Company)	<u>-</u>
The enclosed member, managing member or manager resignation and fee(s) are filing.	submitted for
Please return all correspondence concerning this matter to:	
TETER Horwood (Contact Person)	
GHE HOLDINGS LLC. (Firm/Company)	
P.O. Sox 1914 (Address)	
SCAMORADA TL 33036: (City/State and Zip Code)	
For further information concerning this matter, please call:	
PETER HOPLOOD at (305) 735 4 (Name of Contact Person) (Area Code & Daytime Telephone	Number)
Enclosed please find a check made payable to the Florida Department of State f \$25 Filing Fee & Certified Copy	or:
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDR Registration Section Division of Corporations Tallahassee, Florida	n ations



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SECRETARY OF STATE
FALLAHASSEE, 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 the l	imited liability company as it appe GHE HOLDINGS	ears on the records o	f the Florida Department
2. This limited liabil	lity company was organized under	the laws of:	
3. The Florida document of the	ment/registration number of this li	mited liability comp	any is:
4. I, OLCADE (Print Na	MENTSRADA, I	nereby resign as a	MANAGER (Print Title)
of this limited liab resignation in writ	ility company and affirm the limite ing.	ed liability company	has been notified of my
Signature of Resig	ning Member, Managing Member	or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		