

L10000006660

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(Address)

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(City/State/Zip/Phone #)

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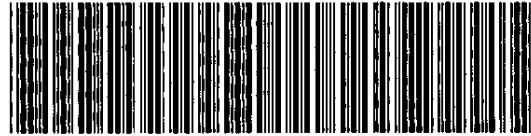
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**L. SELLERS**

JUN 22 2010

**EXAMINER**

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06/21/10--01049--004 \*\*100.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN 21 PM 3:35

**FILED**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LARSEN HOMES, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ELAINE PAGE-ATHERTON

(Contact Person)

(Firm/Company)

971 W. INDIES DR

(Address)

RAMROD KEY, FL 33042

(City/State and Zip Code)

For further information concerning this matter, please call:

ELAINE PAGE-ATHERTON

(Name of Contact Person)

at ( 305 ) 923-6040

(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:**

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



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 appears on the records of the Florida Department of State is: LARSEN HOMES, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L10000061060

4. I, STEVEN ALLEN ATHERTON, hereby resign as a MANAGING MEMBER  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
JUN 21 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA