| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

G. MCLEOD

NOV 18 2010

EXAMINER



200187754922

11/17/10--01008--014 **25.00

COVER LETTER

| | istration Section sion of Corporations | | |
|---------------------|---|---------------------------|--|
| SUBJECT: | UHSOME LLC | | |
| | (Name of L | imited Liability Company) | |
| The enclose filing. | ed member, managing member | or manager resignation | n and fee(s) are submitted for |
| Please return | n all correspondence concernit | g this matter to: | |
| CHRIS J | ARNOLDI | | |
| | (Contact Person) | | |
| UHSOMI | | | |
| | (Firm/Company) | | |
| 3111 W | DE LEON STREET; U | NIT# 4 | |
| | (Address) | | |
| TAMPA | FL 33609 | | |
| | (City/State and Zip Code) | | |
| For further i | information concerning this ma | atter, please call: | |
| CHRIS J | ARNOLDI | at (813)_45 | 4-4939 |
| 1) | Name of Contact Person) | (Area Code & Da | ytime Telephone Number) |
| Enclosed plo | ease find a check made payable \$\frac{\sqrt{1}}{2}\$\$ \$25 Filing Fee | \$55 Fi | ment of State for: ling Fee & rtified Copy |
| | COURIER ADDRESS: | | LING ADDRESS: |
| Registration | Section Corporations | | stration Section sion of Corporations |
| Clifton Buil | | | Box 6327 |
| 2661 Execut | tive Center Circle | Talla | hassee, Florida 32314 |

CR2E079 (5/06)

12.



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 appears on the record | s of the Florida Department | | |
|---|--|------------------------------|---|--|--|
| 2. This limited liab | oility company was organized | l under the laws of: | | | |
| 3. The Florida doc | ument/registration number of 0165 | f this limited liability cor | mpany is: | | |
| 4. I, JON W ROYER (Print Name of Person Resigning) | | , hereby resign as a | , hereby resign as a MGRM (Print Title) | | |
| of this limited lia resignation in wi | bility company and affirm thitting. | e limited liability compa | ny has been notified of my | | |
| Jorathan Signature of Res | 2 Royer igning Member, Managing N | 1ember or Manager | | | |
| _ | \$25.00 (Required) \$30.00 (Optional) | | 10 NOV I | | |

CR2E079 (5/06)