# #L/10000//353

|                         | `\                   |                  |
|-------------------------|----------------------|------------------|
| (Re                     | equestor's Name)     |                  |
| -                       |                      |                  |
| (A)                     | J.J X                | <u> </u>         |
| (Ac                     | ddress)              |                  |
|                         |                      |                  |
| (Address)               |                      |                  |
|                         |                      |                  |
|                         | ity/State/Zip/Phon   | o #1)            |
| (0)                     | ity/State/Zip/Filofi | c <del>n</del> ) |
| D DICK UD               | □ \A/AIT             | Пили             |
| PICK-UP                 | WAIT                 | MAIL             |
|                         |                      | •                |
| (Bı                     | usiness Entity Nar   | me)              |
| •                       |                      |                  |
|                         |                      | ·                |
| (Do                     | ocument Number)      |                  |
|                         |                      |                  |
| Certified Copies        | Certificates         | s of Status      |
|                         |                      |                  |
|                         |                      |                  |
| Special Instructions to | Filing Officer:      |                  |
|                         |                      |                  |
|                         |                      |                  |
|                         |                      |                  |
|                         |                      |                  |
|                         |                      |                  |
|                         |                      | ]                |
|                         |                      |                  |
|                         |                      |                  |

Office Use Only



400207641024

05/18/11--01014--006 \*\*25.00

FILED

THAY IS PM 3: 48

STORE SACRE FLORING

K. SALY EXAMINER MAY 1 9 2011

#### **COVER LETTER**

| SUBJECT: HOUSES INVESTMENTS, LCC (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:  |
| Kevin Burgess (Contact Person)   |
| Hew gess Muestments, ccc   |
| 5092 SW 167 avenue   |
| Miramar FL 33027 (City/State and Zip Code)   |
| For further information concerning this matter, please call:                                       |
| Keun Buro Sat 954 826-7070 (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 |

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations

TO:

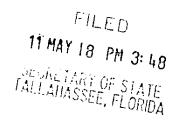
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)





### 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:                     |
|--|
| 2. This limited liability company was organized under the laws of:   |
| 3. The Florida document/registration number of this limited liability company is:  |
| 4. I, Patrick Hew, hereby resign as a Mok - Manager (Print Name of Person Resigning), hereby resign as a Mok - Manager (Print Title) |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.           |
| Palul New  |
| Signature of Resigning Member, Managing Member or Manager  |
|  |

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)