L11000033356

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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SECRETARY OF STATE
TAIL AHASSEE FE ORIDA

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C. LEWIS

MAY - 6 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Duval Homes, LLC	
(Name of Lim	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Clay Jones	
(Contact Person)	
(Firm/Company)	
3030 Piedmont Manor Dr	
(Address)	
Orange Park, FI 32065	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Clay Jones	at (904) 4836490
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as al Homes, LLC	it appears on the records	of the Florida Department
2. This limited liabili Florida	ty company was organized	under the laws of:	
3. The Florida docum L110000333	nent/registration number of	this limited liability con	npany is:
4. I, Bobbie L Er	ngel	, hereby resign as a	MGRM
(Print Name of Person Resigning)		,,	(Print Title)
of this limited liabil resignation in writi	ity company and affirm the	e limited liability compar	ny has been notified of my
× Poli	2 Egel		
Signature of Resign	ning Member, Managing M	ember or Manager	
Filing Fee:	• • •		
Certified Copy:	\$30.00 (Optional)		