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SEUNETARY OF STATE
ALLAHASSFF, FLORIO

T. HAMPTON
NOV 8 A 2011
EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: House of Chi (Name of Limited Liability	CR. (L.) Company)
The enclosed member, managing member or manager r filing.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
Timothy Godcha	rles
(Contact Person)	
(Firm/Company) ()	<u>~</u>
(Firm/Company) Cher (Firm/Company) Cher (Firm/Company) Cher	Lane
Seminale F2 337 (City/State and Zip Code)	772
For further information concerning this matter, please c	all:
Tim Godmarks at (72) (Name of Contact Person) (Area C	OZ 342-022 ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee	da Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



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 ap		
	ility company was organized und tate of Flowidg		•
	ument/registration number of this		
`	oning company and armin are im	, hereby resign as a	Print Title member or managest
Signature of Resi	gning Member, Managing Memb	oer or Manager	
-	\$25.00 (Required) \$30.00 (Optional)		20 د آ

CR2E079 (5/06)