-612000131455

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| . (Add | ress) | <u></u> |
| (Add | ress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT. SYNERGY HOUSING DEVELOPMENT SERV. 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:

ITORO ETUKS

(Contact Person)

(Firm/Company)

P O BOX 771840

(Address)

CORAL SPRINGS, FL 33077

(City/State and Zip Code)

For further information concerning this matter, please call:

ITORO ETUKS

"_.,786 333-3017

(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

□ \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | | it appears on the records of th | |
|--|--|--|-----------------------|
| 2. This limited liabilit | y company was organized | under the laws of: | PH 4: 36 |
| 3. The Florida docum L120001314 | | this limited liability company | <i>i</i> is: |
| 4. I, TROKEE GI | ROUP, LLC | , hereby resign as a MG | R |
| (Print Nam | e of Person Resigning) | | (Print Title) |
| of this limited liabil resignation in writin | | e limited liability company has | s been notified of my |
| Signature of Resign | ing Member, Managing M | LO ETWIS FOR TROKEE (Iember or Manager | Georp, LLC |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |