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COVER LETTER

SUBJECT: Homesaver hear Estate LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Wayne P Gebhardt
(Contact Person)

Honesaver Real Estate LL C
(Firm/Company)

716 SE Riversicle Dr
(Address)

Stuart FL 34994

For further information concerning this matter, please call:

Wayne P Gebrardt at (602) 793-5898 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\sim \\$25 \text{ 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 (2/14)

TO:

Registration Section
Division of Corporations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lin	nited liability compa	-		rds of the Flori	da Depa	ırtmen	t
2. The Florida docum	nent/registration num	nber assigne	ed to this limited	liability compa	ny is: SECR	15 0	
3. The date this mem	ber/manager withdre	ew/resigned	l or will withdraw	//resign is:∑	<u>-19f-</u>	<u>67</u>	
4.1, Grea M F	ne of Person Resigning)	<u>, , , , , , , , , , , , , , , , , , , </u>	, hereby withdrav	v/resign as a	SSEE, FI	17 PM (
Member/m	CNALLES rint Title)	<u></u> ·			STATE	6:	السيبا
of this limited liabil resignation in writing	lity company and aff	firm the lim	ited liability com	pany has been	notified	of my	;
Signature of Diss	ociating Member or	Resigning	Manager				
Filing Fee:	\$25.00 (Required)						
Certified Copy:	\$30.00 (Optional)						