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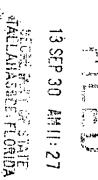
(Req	juestor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
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Certified Copies	Certificates	of Status			
Special Instructions to F	iling Officer:				
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Office Use Only



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09/30/13--01019--004 **25.00



COVER LETTER

SUBJECT: ANGEL HEARTS HOME SERVICES, 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:
DENISE RUPP (Contact Person)
ANGELHEARTS HOME SERVICES, LLC (Firm/Company)
7759 LA CORNICHE CIRCLE (Address)
BOCA RATON, FL 33433 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma \text{\$\frac{1}{2}}\$\$\$ \$\frac{1}{2}\$\$\$ \$\frac{1}{2}\$\$\$\$ \$\frac{1}{2}\$\$\$\$ \$\frac{1}{2}\$\$\$\$ \$\frac{1}{2}\$\$\$\$ \$\frac{1}{2}\$\$\$\$ \$\frac{1}{2}\$\$\$\$ \$\frac{1}{2}\$\$\$\$\$ \$\frac{1}{2}\$

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (5/06)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

STREET/COURIER ADDRESS:

TO: Registration Section

Division of Corporations



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 it ap	-		artment
2. This limited liabilit	ty company was organized und	er the laws of:		
3. The Florida docum	ent/registration number of this	limited liability com	pany is:	
4. 1, <i>DENIS</i> (Print Nam	E RUPP ne of Person Resigning)	_, hereby resign as a	MANAGING (Print Title)	MEMBER
of this limited liabil resignation in writir	ity company and affirm the lin	nited liability compar	ny has been notified	lofmy
- Denis	Kupp		A.S.	
Signature of Resign	ing Member, Managing Memb	oer or Manager	A A A A A A A A A A A A A A A A A A A	SEP 30
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TOROL STREET	## II: 27