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K.SALY EXAMINER AUG - 9 2013

## **COVER LETTER**

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: AMEYICA VOYNE (Name of Limited Liab	remodeling suces,
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	tter to:
Dablo CVUZ (Contact Person)	<del></del>
Real Innovations LLC. (Firm/Company)	
8702 N 010 ave (Address)	
Tampa FL 33604 (City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
Payl (VVZ at (Are Of Contact Person)	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl  \$25 Filing Fee	orida Department of State for: ☐ \$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



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SECAETARY 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

1. The name of the lir					
of State is: Am	erica Hom	ne Rem	odeling Su	ices, LLC	
			J	,	
2. This limited liabilit	ty company was or	rganized und	er the laws of:		
_ oarther	Ship		•		
	1				
3. The Florida docum	nent/registration nu	mber of this	limited liability co	ompany is:	
· · · · · · · · · · · · · · · · · · ·	CYUZ ne of Person Resigning	y)	, hereby resign as a	a Myrm (Print Title)	
of this limited liabil resignation in writing	lity company and a				
Signature of Resign	ning Member, Man	aging Memb	er or Manager		
Filing Fee:	\$25.00 (Required	<del>l</del> )			
Certified Copy:	\$30.00 (Optional	)			