1.13000082822

(Requestor's Name)	
(Address)	6002
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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SEGRETARY OF STATE
AT ASSASSE FLORIDA

T. Burch NOV 1 4 2013

COVER LETTER

Division of Corporations	
SUBJECT: Ny Hone Ventue (Name of Limited Liability	y Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matte	r to:
Nelda Laurence	
My Hone Vertines, UCF 14800 Leve Str	eet
At 148W Pierus	reet
Miami FC 331 (City/State and Zip Code)	176
For further information concerning this matter, please	call:
Nelde Laurence at (Area (Area (Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	ida Department of State for: \$55 Filing Fee & Anuay Paid Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
Cition building	1.O. DUX 0347

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



September 27, 2013

NELDA LAWRENCE 14800 PIERCE STREET MIAMI, FL 33176

SUBJECT: MY HOME VENTURES, LLC

Ref. Number: L13000082822

We have received your document for MY HOME VENTURES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted was the wrong type.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 013A00022767



September 27, 2013

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Tim Burch Regulatory Specialist II

Letter Number: 013A00022767



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 of State is:	limited liability company as it appears on the reco	rds of the Florida Department
2. This limited liab	ility company was organized under the laws of:	FIL 13 NOV 13 SECKCIANT TALLAHASSE
3. The Florida docu <u>L1300</u> 4. I, <u>D1000</u>	iment/registration number of this limited liability of the limited liability of the limited liability of the limited liability of lia	company is: FLORIDA
	ame of Person Resigning) pility company and affirm the limited liability com	(Print Tille)
Signature of Resignature of Resignat	sning Member, Managing Member or Manager \$25.00 (Required) \$30.00 (Optional)	