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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LCC MIMBR Resign

COVER LETTER

7	gistration Section vision of Corporations		
Div	vision of Corporations		
SUBJECT	PARAMOUNT HOME BU	JYING LLC	
(Name of Limited Liability Company)			
The enclos	sed member, resignation or diss	sociation and fee(s	s) are submitted for filing.
Please retu	arn all correspondence concerni	ing this matter to:	
PATRICE	(HANKO		
	(Contact Person)		-
	G: (G		_
	(Firm/Company)		
148 FAIT	HWAY RD		
+	(Address)		_
WALLAN	ID, TN 37886		
•	(City/State and Zip Code)		_
For further	r information concerning this n	natter, please call:	
LINDA J	MASON, CPA	941 at (447-3265
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed p	please find a check made payab ing Fee		Department of State for: g Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
	of Corporations		Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle		Tallahassee Florida 32314	

Tallahassee, Florida 32301

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 OCT 30 PM 3: 37

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)

	limited liability company as it appears on the records of the Florida Department
	ment/registration number assigned to this limited liability company is:
4. I, PATRICK HA	mber/manager withdrew/resigned or will withdraw/resign is: ANKO, hereby withdraw/resign as a ame of Person Resigning)
MGR/MBR	(D) (mil)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Pat	riels Ifonto
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)