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COVER LETTER

TO:	_	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	GOPE HOMES, LLC		
		(Name of Limit	ed Liability Co	mpany)
The e	nelosec	d member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please	return	all correspondence concerning t	his matter to:	
CARL	OS GO	NZALEZ		
		(Contact Person)		
GOPE	НОМЕ	S, LLC		
		(Firm/Company)		
4536 8	i. HIAT	US RD		
		(Address)		_
SUNR	ISE, FL	33351		
		(City/State and Zip Code)		_
For fu	irther ii	nformation concerning this matte	r, please call:	
CARL	os goi	NZALEZ	954 at (640-3258
	(N	laine of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable to	the Florida I	Department of State for:
	5 Filing			g Fee & Certified Copy
		ng Address:		Street Address:
	-	stration Section		Registration Section Division of Corporations
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
	, and	manyot, rts sesta		Tallahassee, FL 32303

CR2E079 (2/14)





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 of State is:	limited liability company as it appears on the records of the Florida Department PEHOMES, LLC
2. The Florida doc L14000086144	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
THIS D DEDCT	
MGMR	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	Ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)