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(Regu	estor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificates of Status					
Special Instructions to Fi	ling Officer				
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DIVISION OF CORPORATION

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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations

SUBJECT: Empire Home Investments, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Francisco A. Vazguez (Contact Person)
Empire Home Tovestments, LCC
13914 SW 178 ST
Migmi FL 33/77 (City/State and Zip Code)
For further information concerning this matter, please call:
Francisco A. Vagre, at (305) 323-9048 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\\$25\$ 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





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 l	imited liability compa	ny as it appears	on the records	of the Florida [Department
of State is:	MPIRE	HOME	INVEST	MENTS,	LLe
	nent/registration numb	-	this limited liab	ility company i	s:
	0020542				
3. The date this men	nber/manager withdrev	w/resigned or w	vill withdraw/res	sign is:	10/18
4.1. Vavier	- Giangare me of Person Russyning)	//: her	eby withdraw/re	sign as a	
_	ager			•	
1	Print Title)				
of this limited liab resignation in writ	ility company and affiring.	rm the limited	liability compan	y has been noti	fied of my
	/ /				
Signature of Dis	sociating Member or I	Resigning Man	ager		
	\$25.00 (Required) \$30.00 (Optional)				