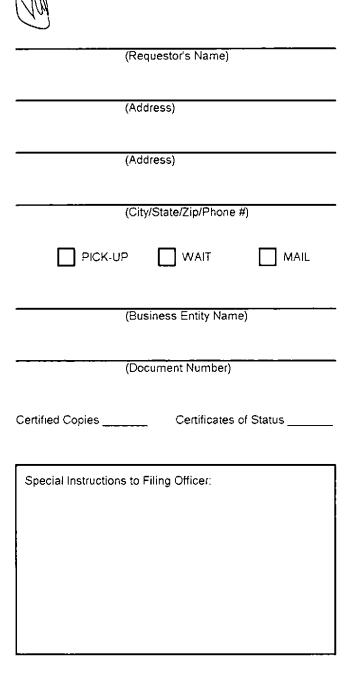
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Office Use Only



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SECRETARY OF STATE

23 DEC 12 PH 2: 1

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Exallence Hon (Name of Limit	ne Solutions LLC
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning t	nis matter to:
Gabriela nemelo (Contact Person)	
(Contact Person)	
(Firm/Company)	
(i miscompany)	
1041 NE 204th +UT (Address)	
Miami FC 3317-9 (City/State and Zip Code)	
For further information concerning this matte	r, please call:
Gabriela Nemelo (Name of Contact Person)	at (305) 4327816 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 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	limited liability compan	y as it appears	on the records of the I	Florida Departi	ment
of State is: _ E	xcellence	Home	Solutions	110	 ,•
2. The Florida doc	ument/registration numb	er assigned to t	his limited liability co	mpany is:	
L1800	0036651				
3. The date this me	mber/manager withdrew	/resigned or wi	ll withdraw/resign is:	12/08/	23
	ela Demelo Jame of Person Resigning)				
, <u>mo</u>	(Print Title)	·			
of this limited lia resignation in wr	bility company and affiniting.	m the limited li	ability company has b	een notified of	îmy
9	mby.				
Signature of D	issociating Member or R	esigning Mana	ger	2929 DEC 12 SECRETARY TALLAHAS	T
•	\$25.00 (Required) \$30.00 (Optional)			RASY HAS	<u> </u>
VEHILLER COOV.	a.w.wa a muuliili				T R