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COVER LETTER

TO: Registration Section Division of Corporations

HOME FINDERS OF NORTHEA	AST FLORIDA LI	L.C
(Name of L	imited Liability C	Company)
The enclosed member, resignation or disso	ociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to	o:
James E. Linkenauger		
(Contact Person)	<u>.</u>	
Home Finders of Northeast Florida		
(Firm/Company)		 ,
3030 Powers Ave Ste 1012		
(Address)		<u> </u>
Jacksonville FL 32207		
(City/State and Zip Code)		
For further information concerning this m	atter, please ca	ill:
James E. Linkenauger	904 at (728-6941
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payab \$\leq\$ \$25 Filing Fee	le to the Florid	a Department of State for: ling Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 8

Tallahassee, FL 32303

Tallahassee, FL 32314



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of t	he limited liability company a	s it appears on the records of the Florida Department
of State is: HC	OME FINDERS OF NORTHEAST I	FLORIDA LLC
2. The Florida de L20000086554	ocument/registration number a	assigned to this limited liability company is:
3. The date this i	member/manager withdrew/re	signed or will withdraw/resign is:
4. I, ALLEN L. PC	DUCHER, JR.	, hereby withdraw/resign as a
(Prin	t Name of Person Resigning)	
Manager/Mem	ber	
120 1	(Print Title)	
of this limited resignation in		he limited liability company has been notified of my
Signature of	Dissociating Member or Resig	ning Manager
	<i>i</i>	
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)