## 1200003376666

(Requestor's Name)	
(Address)	700356206687
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	12/10/2001011008 ++2
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: My Home for Limite	ed Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning the Contact Person	is matter to:
(Firm/Company)	·
800 maguille pack.	St. Antr.
Ocore 34741 (City/State and Zip Code)	Ap-1. 4200
For further information concerning this matter	please call:
(Name of Contact Person)	nt ( <u>609</u> ) <u>853 - 9833</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tell-bosses, El. 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Tallahassee, FL 32314

Tallahassee, FL 32303



## 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)

r Tr of the li	mited liability company as it appears on the r	records of the Florida Department
1. The name of the n	infice the first company and approximately	110.
or State is:	My Home Punta Ca	ray LKO
2. The Florida docur	nent/registration number assigned to this limi	ted liability company is:
	758959	
3 The date this men	ber/manager withdrew/resigned or will with	draw/resign is:
41 Mariel D	TWELT BE MONTE PUTING hereby with	adraw/resign as a
MG	Print Titles	
or this limited liab	ility company and affirm the limited liability	company has been notified of my
resignation in writ	ing.	
200	mile !	2670 DEC
Signature of Dis	societing Member or Resigning Manager	Er
		10
Filing Fee:	\$25.00 (Required)	P
Certified Copy:	\$30.00 (Optional)	برت ان
		9.·