First Union Securities  Requester's Name	Financial Network, Inc.
OV UID PL 3 2801- City/State/Zip Phone #	3413
CORPORATION NAME(S) & DOCUM	Office Use Only IENT NUMBER(S), (if known):
1. <u>(99 -5355</u> (Corporation Name)	(Document #)
2. 00149-00524-00 (Corporation Name)  3. (Corporation Name)	(Document #)  700047393973 -12/26/0101080011 *****25.00 *****25.00
4(Corporation Name)	(Document #)
<ul><li>□ Walk in</li><li>□ Pick up time</li><li>□ Mail out</li><li>□ Will wait</li></ul>	Certified Copy  Photocopy  Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Amendment  Acceptance  April 1987  April 198
OTHER FILINGS	REGISTRATION/QUALIFICATION 99
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 31, 2001

FIRST UNION SECURITIES FINANCIAL NETWORK, INC. 201 S. ORANGE AVE., SUITE 200 ORLANDO, FL 32801-3413

SUBJECT: DHM ENTERPRISES OF ORLANDO, LLC

Ref. Number: L99000005355

We have received your document for DHM ENTERPRISES OF ORLANDO, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form, the one submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 301A00067736



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, John W. DuBrule, hereby resign as Managen
I, SOND W. COOPS (2 Incres) resign (Title)
of DHM ENTENPRISES OF ORlando LLC. (Limited Liability Company)
a limited liability company organized under the laws of the State of FLorida,
and affirm that the limited liability company has been notified in writing of the resignation.

(Signature of resigning manager, managing member or member)

02 JAN 15 AM 9: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314