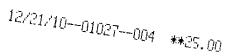
M0300000634

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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EXAMINER

COVER LETTER

TO: Registration Division of	n Section f Corporations			
SUBJECT: Hom	ne Services, LLC			·
	(Name of Fo	reign Limited Liability (Company)	
Dear Sir or Madam:				
The enclosed withd	rawal and fee(s) are submitt	ed for filing.		
Please return all cor	respondence concerning this	s matter to the following	;;	
Karen Ewing				TALL SEL
	(Name of Person)	· · · · ·		る方面
JMB Realty Co	orporation			
	(Firm/Company)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
900 North Mic	nigan Avenue, Suite	1400		TOP
	(Address)			
Chicago, Illinoi	s 60611			
	(City/State and Zip Coo	de)		
For further informat	ion concerning this matter, p	please call:		
Karen Ewing		at (312 ·	915-1969	
(N	ame of Person)	(Area Code &	Daytime Telephone Number)	
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		ration Section on of Corporations ox 6327		
Enclosed is a check \$25 Filing Fee	for the following amount:	□ \$55 Filing Fee &	M \$60 Elling Foo	
- \$25 thing rec	Certificate of Status	Certified Copy	Sectificate of Status & Certificate Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Home Services, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
M0300000634	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.	
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.	
900 North Michigan Avenue, Suite 1400 (Mailing address)	
Chicago, Illinois 60611	
(City/State/Zip)	150,
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
(Signature of member or authorized representative of a member)	
(Signature of member of authorized representative of a member)	
Karen M. Ewing, Assistant Secretary of	
(Typed or printed name of signee) Arvida Company, a general partner of	
Arvida/JMB Partners, the sole member	

Filing Fee: \$25.00