

1107000003105

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850) 656-7956  
Fax Number : (850) 656-7953

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LLC REGISTERED AGENT RESIGNATION  
VALUE MANUFACTURED HOMES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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AUG 17 2015

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**COVER LETTER**

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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VALUE MANUFACTURED HOMES, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** M07000003105

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TUNISHA SCOTT

Name of Person

INCORPORATING SERVICES, LTD

Name of Firm/Company

3500 S DUPONT HWY

Address

DOVER, DE 19901

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TUNISHA SCOTT

Name of Person

at

302

Area Code

531 0721

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

INCORPORATING SERVICES, LTD.

Name of Registered Agent

, hereby resigns as

Registered Agent for VALUE MANUFACTURED HOMES, LLC

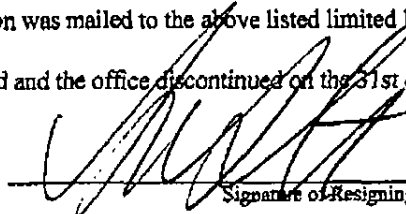
Name of Limited Liability Company

M07000003105

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

TUNISHA SCOTT

Typed or Printed Name

ASST. SECRETARY

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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