M1400000 4729

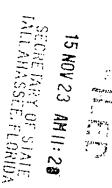
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations

The Home Buyers Worldwide, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: M14000004729	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Donna Bertucci	
Name of Person	-
Corporate Direct, Inc.	
Name of Firm/Company	-
2248 Meridian Blvd, Suite H	
Address	-
Minden, NV 89423	
City/State and Zip Code	-
scottinfo@mindspring.com	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Scott Chalden at (404 Name of Person Area Code	275-1616 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	1115, Florida Statutes, the t	undersigned,	
Gerri Detweiler	, hereby resigns as		
Name of Registered A	Agent		
Registered Agent for The Home Buyer	rs Worldwide, LLC		
Name of	Limited Liability Company		,
M14000004729			
Document Number, if known			
A copy of this resignation was mailed to the	he above listed limited liab	oility company at its	last known address.
The agency is terminated and the office di	scontinued on the 31st day	after the date on when	hich this statement is filed.
<u>He</u>	Signature of Resigning Ag	elesku	15 NOV 23
If signing on behalf of an entity:			
	Typed or Printed Name		AMII: 28 OF STATE OF LORIDA
	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