P07000084205

(Requesto	or's Name)		
(Address)		<u>.</u>	
(Address)			
(City/State	e/Zip/Phone i	#)	
PICK-UP	WAIT	MAIL	
			·
(Business	Entity Name	*)	
(Documer	nt Number)		
	_ · 	- THE BESS	
tified Copies	Certifica tes d	of Status	
pecial Instructions to Filing	Officer:		_

Office Use Only



800108969108

_09/10/07--01053--022 ******35.00

OT SEP 10 PM 1: 45

CD/Res (1a.9.17.07

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: FLORIDA HOME VALUE CORP. (Name of Corporation)
DOCUMENT NUMBER: PO 7000084305
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
FLARLA PERDOMO (Name of Person) FLOVI DA HOME VALUE WHIMMAN CORP (Name of Firm/Company)
Floring (Name of Person)
HOME VATUE WELKHAMMEN CORP
(Name of Firm/Company)
3156 SW 153 CT (Address)
(Address)
MAMI FL 33185 (City/State and Zip Code)
For further information concerning this matter, please call:
VARLA PENDOMO at (786) 326 9378 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, JOSE D CAN	2CASS E	S, hereby re	sign as_Vicき	Presiden
		•		(Title)
FLORIDA	HOME	VALUE	CORP	
	(Name of Co	rporation)		
P070000 84.	205 a	corporation organ	ized under the law	s of the State of
746001000005	•			w.
				•
		~		
		Ally		
	(Signat	ure of resigning offic	cer/director)	

FILING FEE IS \$35.00

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314