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SECRETARY OF STATE
TABLAHASSEE-FLORIGI

AUG - 9 2013 T CLINE

COVER LETTER

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations		
SUBJECT: 1005 NW 53 (Name of Limited I.	3 STREET PROPE .iability Company)	RTY, LLC.
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submi	itted for
Please return all correspondence concerning this	matter to:	
Henry Lordon (Contact Person) 1005 NW 53 St		LC.
Po Box 370337 (Address) Minni, Fo 39 (City/State and Zip Code)		7813 MG - 8 P
For further information concerning this matter, pl	lease call:	PH Z:
How Lorden at ((Name of Contact Person)		— (ज ा
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	

Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the lim	ited liability company as it	appears on the record	ds of the Florida D	epartment	
of State is:	005 NW 53	STREET	PROPERTY	, uc	. •
2. This limited liability	company was organized u Flovida	nder the laws of:		,	
104	nt/registration number of the 10000 45183				
4. I, Henv (Print Name	y Louden of Person Resigning)	, hereby resign as	a <u>HGR</u> (Print Title	<u> </u>	
of this limited liabilit resignation in writing	ry company and affirm the l	imited liability comp	oany has been noti	fied of my	
6		- Nama and	i G H	2013 AUG SECRETA	tangung.
Signature of Resignii	ng Managing Men	mber or ivianager	Ta O O Eng.	25 CO	Progra
Filing Fee:	\$25.00 (Required)			14 72:	TT I
Certified Copy:	\$30.00 (Optional)			72: 5 8	₹ _{~,} ,,/