L0700005185

(Requestor's Name)				
(Address)				
·				
(Address)				
(Addi	ress)			
(City/	State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Busi	iness Entity Nar	me)		
(Doc	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Fi	iling Officer:			
_				

Office Use Only



600214245306

11/17/11--01014--008 **25.00

TILED

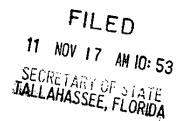
11 NOV 17 AM 10:5:
SECRETAIN OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
1	
SUBJECT: 4 Point Realty, LLC.	
(Name of Limited	d Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	is matter to:
William H. Sharp	
(Contact Person)	
4 Point Realty, LLC.	
(Firm/Company)	
8785 Perimeter Park Blvd., #300	
(Address)	
Jacksonville, FL. 32216	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
William H. Sharp	904 997-1093
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$\sumset \sumset \sumset \sumset \text{\$\sumset\$} \sin \text{\$\sumset\$} \sumset \text{\$\sumset\$} \sin \sin \text{\$\sumset\$} \sin \$\sums	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as oint Realty, LLC.	it appears on the records of	f the Florida Department
2. This limited liab	vility company was organized	under the laws of:	
3. The Florida doc L0700000	ument/registration number of 5185	this limited liability compa	any is:
4. I, Garrett E.	Spitzer	, hereby resign as a N	lember (Print Title)
of this limited lia resignation in wr	bility company and affirm the		•
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ember of Manager	