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SECSETARY OF STATE
TALLAHASSEF FIRMINA

D. BRUCE

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: PORTER DAVIS REAL ESTATE BROKERAGE, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Brian Blocker

(Contact Person)

PORTER DAVIS REAL ESTATE BROKERAGE, LLC

(Firm/Company)

P.O. Box 989

(Address)

Immpkalee, FL 34143

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Blocker

 $_{
m at}$ (239) (229)

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (5/06)



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 limited liability company as of State is: PORTER DAVIS REAL E	s it appears on the records of the Florida Department STATE BROKERAGE, LLC
2. This limited liability company was organize Florida	d under the laws of:
3. The Florida document/registration number of L07000040424	of this limited liability company is:
_{4. I.} Brian Blocker	, hereby resign as a Manager
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the resignation in writing. Signature of Resigning Member, Managing	he limited liability company has been notified of my AHASS Member or Manager PM 2

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)