P05000109745

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700067774637

03/16/06--01024--015 **70.00

FILED,

06 MAR 16 AH 9: 38

THATASSEEL FLORID.

70

COVER LETTER

Division of Corporations	
SUBJECT: Your Neighborhoo	d Realty Group, Inc. (Name of Corporation)
DOCUMENT NUMBER: POS	5000109745
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
Walkiria Oliver	
(Name of Pe	rson)
(Name of Firm/C	Company)
13405 SW 12 Terrace	
(Address	3)
Miami, Florida 33184	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
Walkiria Oliver	at (305) 348-0461 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	nde payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, Walkiria Oliver	_, hereby resign as_	President/Treasure	r
		(Title)	
of Your Neighborhood Realty Group, Inc.	on)		·
D05000400745	·	nder the laws of the Stat	te of
Florida			
(Signature of	resigning officer/direct	SECRETARY OF STATE. ALLAHASSEE, FLORID.	FILED 06 MAR 16 AM 9: 36

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