L08000106775

(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:			





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THE DEC -4 PH 12: 45

C. LEWIS

DEC 0 5 2008

EXAMNER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RENT REST LLC (Name of Limited	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
OLIVIA MEDINA	
(Contact Person)	
ACCOUNTANT & MTGE INC	
(Firm/Company)	
1549 NE 123RD STREET	
(Address)	
MIAMI FL 33161	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
OLIVIA MEDINA	_{it (} 305 ₎ 541-3980
(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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i ananassee, i fortua 52514

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SECRETARY OF STATE
MILLAMASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a	appears on the records	of the Florida Department
of State is: REN	I REST LLC		······································
	ty company was organized ur	der the laws of:	
Florid	<u>a</u>	•	
3. The Florida docum	nent/registration number of the	is limited liability com	pany is:
L080001067		Ť	
the state of the s		 .'	
4. I. GRACIELA	I. MONTEAGUDO ne of Person Resigning)	, hereby resign as a	MGR
(Print Nan	ne of Person Resigning)	,,	(Print Title)
of this limited liabil resignation in writi	lity company and affirm the li ng.	mited liability compar	y has been notified of my
Carone	ning Member, Managing Men		•
Signature of Resign	ning Member, Managing Men	nber or Manager	_
			•
Filing Fee:	\$25.00 (Required)		
Certified Copy:			