02000005216

(Ře	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
		MAIL		
(Business Entity Name)				
(Dc	ocument Number)			
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
	Office Use Or	ly		

ì



06,/02/06--01014--003 **25.00

FILED 2006 JUNI - 2 PH 3: 50 SECRETARY OF STATE TALLAHASSEE.FLORID

102-5216 OR

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:



of Person) at (<u>5ul</u>) <u>3</u>(<u>2</u>)-722<u>2</u> (Area Code & Daytime Telephone Number)</u>

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

. . .

WILLA	mFairman	, hereby resigns as	
Registered Agent for	(Name of Registered Agent) 7035 Realty	Holdings LLC	
	(Name of Limited Liability	Company)	,
(Document Num A conv of this resignation		limited liability company at its last	known address.
	()	he 31st day after the date on which	ALE
If signing on behalf of a	n entity:		3: 50 STATE
	(Typed or Printe	ed Name)	

(Capacity)

FILING FEES:\$ 85.00Active limited liability company\$ 25.00Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314