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## **COVER LETTER**

	istration Section sion of Corporations		
SUBJECT:	Benefactor Realty, LL		
	(Name of Lir	mited Liability Cor	mpany)
The enclose filing.	ed member, managing member o	r manager resig	gnation and fee(s) are submitted fo
Please retur	n all correspondence concerning	g this matter to:	
Timothy	C. Kennedy		_
	(Contact Person)		
	(Firm/Company)		<del></del>
P. O. Box 4			<del></del>
	(Address)		
St. Petersb	ourg, FL 33731		_
	(City/State and Zip Code)		•
For further	information concerning this mat	ter, please call:	:
Timothy	C. Kennedy	at (727	458-7897
(1	Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Englaced al	ease find a check made payable	to the Florida l	Denominant of State for
Enclosed pi	\$25 Filing Fee		\$55 Filing Fee &
		8	Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section
	Corporations		Division of Corporations
Clifton Buil			P.O. Box 6327
	ntive Center Circle . Florida 32301		Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEES FEORDA.

## 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	it appears on the records	of the Florida Department
of State is: Ber	nefactor Realty, LLC		
2. This limited liab Forida	ifity company was organized	under the laws of:	
3. The Florida doce L02000033	ument/registration number of 3627	this limited liability con	npany is:
4. I, Timothy C	. Kennedy	, hereby resign as a	Manager
	ame of Person Resigning)		(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability compar	ny has been notified of my
Signature of Res	Decing Member, Managing M	ael lember of Manager	
ί .		$U^{-1}$	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		