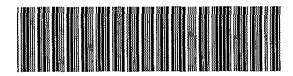
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	sin ess Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	W. Cally



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SECRE LARY OF STATE
ALLAHASSEE FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fust Real Estate Ventures, LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stace Fust (Name of Person) Name of Person) Name of Person) Take the second
(Firm/Company) 1621 Bayshore Dr. (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Stacey Fust at 94 232498 (Name of Person) (Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:
☐\$25 Filing Fee



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

. Charles 1	4. Fust, hereby resign	
or Fust Rea	1 Estate Ven (Limited Liability Company)	tures, LLC.
a limited liability company org	ganized under the laws of the State o	Florida.
_Ch	ility company has been notified in w	2006 S SECRITALLA

FILING FEE IS \$25.00

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