103000031741

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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SECRETARY OF STATE
ALLAHASSEE, FLOBING

D. BRUCE

DEC 16 2009

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Compass Real Estate, LL	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	unager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Heather M Sutter	
(Contact Person)	Žv. o
Compass Real Estate, LLC	OBEC
(Firm/Company)	ASS TAR
5901 Sun Blvd., Suite 105	09 DEC 15 AM 10: 35 SECRETARY OF STATE JALLAHASSEE, FLORIDA
(Address)	ORA C
St Petersburg, FL 33716	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Heather M Sutter at ((Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$\sqrt{1}\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee Florida 30314

CR2E079 (5/06)

Tallahassee, Florida 32301

and the second



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it a		he Florida De	
of State is: Compass Real Estate, LLC	<i></i>		09
2. This limited liability company was organized un Florida	der the laws of: ^	WETARY OF STI WHASSEE, FLOI	EC 15 AMIO
3. The Florida document/registration number of thi L03000031741	s limited liability compan	STATE LORIDA y is:	3 5
_{4. I,} Heather M Sutter	_, hereby resign as a Qu	ıalifying Br	oker
(Print Name of Person Resigning)		(Print Title)	
of this limited liability company and affirm the liresignation in writing.	mited liability company he	ıs been notifie	d of my
Signature of Resigning Member, Managing Mem	ber or Manager		
-	Ū		

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: