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(Requ	estor's Name	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

AUG - 4 2009

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: STIRRAT RE (Name of Limited Liability Con	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Shelly J. Stirrat	-
(Contact Person)	
(Firm/Company)	•
33 Saddleback Rd.	
(Address)	•
Teguesta, FL 33469 (City/State and Zip Code)	<u>}</u>
For further information concerning this matter, please call:	
Shelly Stirrat at 561	252-1890
Enclosed please find a check made payable to the Florida D	& Daytime Telephone Number) epartment of State for: 55 Filing Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 appears on the records	of the Florida Department
of State is: STIRRAT REALTY L	يــــ
2. This limited liability company was organized under the laws of:	
Fiorida	
2. The Florida decomment/ancietastica and a fability is a 11-11-12	•
3. The Florida document/registration number of this limited liability com LD300043522	pany is:
· · · · · · · · · · · · · · · · · · ·	
4. I, Scott M. Stirat, hereby resign as a	MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limited liability company	y has been notified of my
resignation in writing.	
$\mathcal{A}M$	
Signature of Realigning Member, Managing Member or Manager	
·	o . 2

Filing Fee: Certified Copy:

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