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SECRETARY OF STATE FALLAHASSEE FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RAINMAKER RE (Name of Limited	ALTY, LLC Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
KEVIN G. DARDAN (Contact Person)	NO
RAINMAKER REALT (Firm/Company)	y, LLC
436 WINDSAIL CIRC	;LE
ROCKLEDGE, FL (City/State and Zip Code)	<u> 32955</u>
For further information concerning this matter,	please call:
KEVIN G. DARDANO and (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
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

CR2E079 (5/06)



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	<u> </u>	of the Florida I	Department
of State is:	RAINMAKER	REALTY, LLC		.
	oility company was organized	, .	TALLATING	08 MAY 21
	ument/registration number o	of this limited liability com	pany is:	AM 10: 51
4. I, LISA (Print N	DARDANO lame of Person Resigning)	, hereby resign as a _	MGRM (Print Title	
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability compan	y has been noti	fied of my
Asia.L	ardeno-			
Signature of Res	igning Member, Managing N	Member or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			