## ID40000

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: IPS REALTY		
(Name of Lim	ited Liability Company)	
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for	
Please return all correspondence concerning	this matter to:	
Allison M. Stattner	· •	
(Contact Person)	O7 MA	
Integrated Property Servi	ces HEIA	
(Firm/Company)		
1500 San Remo Ave, Suite	CRETARY OF STATE LAHASSEE, FLORID 300	
. (Address)	08 RIDA	
Coral Gables, FL 33146	·	
(City/State and Zip Code)		
For further information concerning this matte	er, please call:	
Allison M. Stattner	at ( 305 ) 666-5905 x203	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for:  \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	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 it appears on the records of the Flo	rida Dep	partm	ent
of State is:IPS REALTY, LLC			<b></b>
2. This limited liability company was organized under the laws of:  Florida, USA	r-r<	07 MAY - I	
3. The Florida document/registration number of this limited liability company is:  L040000 20957	OF STATE E. FLORIDA	80 :1 Hd	
4. I, Julio Alvarez , hereby resign as a memb	er		
(Print Name of Person Resigning) (Print Name of Person Resigning)	int Title)		_
of this limited liability company and affirm the limited liability company has been resignation in writing.  Signature of Resigning Member, Managing Member or Manager	n notifie	d of n	ny
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			