L04000037111

(Re	questor's Name)	
bA)	dress)	
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(Cit	y/State/Zip/Phone	∍ #)
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Buy & Sell Real Estate L. C. (Name of Limited Liability Company)
DOCUMENT NUMBER: L0400063711
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert D. Pollock (Name of Person)
(Name of Firm/Company)
2583 Countrys, de Blad, # 304 (Address)
Clearwater FL 33761 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Pollock at (727) 793-9765 (Name of Person) at (727) 793-9765 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section	n 608.416(2) or 6	08.509, FI	orida Statutes, the	undersigned,	,		
Timothy	M.	Grogan	, hereby resigns as					
	(Name of Re	gistered Agent)		,	,			
Registered Agent for	Buy	& Sell	Real	Estate,	L. L. C	2.		
	(I	Name of Limited Lia	bility Comp	any)				
L04000	03711							
(Document Numb	er, if known)							
A copy of this resignation	n was maile	ed to the above li	sted limite	d liability compan	y at its last kr	10wn addr	ess.	
The agency is terminated	and the of	fice discontinued (Signature of 1)	2.2	Jun	te on which th	nis stateme	ent is 1 04 DEC 17	filed.
If signing on behalf of an	entity:					SEE, E	7 PH 4: 3	ED
•		(Typed or	Printed Name)		PAR SER	<u>သ</u>	
-		(Cana	noite)					

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

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