## L040000 39422

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAI	L			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100108096541

08/17/07--01020--002 \*\*25.00

AL

ZOOT AUG IT P 2: 44
SECRETERY PE STATE

## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	RealAssist Realty, LLC	d Liability Cor	mpany)	,
The enclosed filing.	d member, managing member or m	·		tted for
Please return	all correspondence concerning th	is matter to:		
Clifford C	C. Chevallier			
	(Contact Person)		SE TAL	<b>3</b>
RealAssi	st Realty, LLC		CAE	
	(Firm/Company)		SSE	
2829 Bird	d Ave, Suite 7		COF S	_ U [
	(Address)			လ့ <b>`</b> =
Coconut	Grove, FL 33133		>''' 0	n
	(City/State and Zip Code)			
For further in	nformation concerning this matter,	, please call:		
Clifford C	C. Chevallier	at (305_		
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number	er)
Enclosed ple	ease find a check made payable to		Department of State for: \$55 Filing Fee & Certified Copy	
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	ļ

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

The name of the limited liability company as it ap     of State is: RealAssist Realty, LLC	pears on the records of the Florida Department
This limited liability company was organized und     Florida	ler the laws of:  TASECRE TALLAHAS
3. The Florida document/registration number of this L04000039422	SR ]
4. I, Monica M. Orelle	្ស hereby resign as a Manager
(Print Name of Person Resigning)  of this limited liability company and affirm the lim resignation in writing.	(Print Title) nited liability company has been notified of my
Monica I Dielle Signature of Resigning Member, Managing Memb	per or Manager

CR2E079 (5/06)

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)