

| (R | equestor's Name) | |
|-------------------------|-----------------------|-----------|
| (Ar | ddress) | |
| (Ad | ddress) | |
| (CI | ty/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL MAIL |
| (Bi | usiness Entity Name) | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | 1/28 |
| | Office Use Only | |
| | (| Mor |



11/27/06--01028--024 **25.00

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| | rch Street Realty Limited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Resignation of Member, Manag | ing Member or Manager and fee(s) are submitted for | filing. |
| Please return all correspondence concerning the | his matter to the following: | |
| John DuBrule | | |
| (Name of Person) | | |
| Church Street Realty | | |
| (Firm/Company) | | |
| 201 S. Orange Ave., Ste. | . 1510 | |
| (Address) | | |
| Orlando, Florida 32801 | | 38 |
| (City/State and Zip Code) | | |
| For further information concerning this matter | ; please call: | OS NOV 27 PH 12: 49 SECRETARY OF STATE FOLL MASSIEF FLORINA |
| John DuBrule | at (407) 649-3104 | 53 \ 53 \ 54 \ 54 \ 55 \ 56 \ 56 \ 56 \ 56 \ 56 \ 56 \ 56 |
| (Name of Person) | (Area Code & Daytime Telephone Number) | الم الم الم |
| 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 | |
| Enclosed is a check for the following amoun | ıt: | |
| 825 Filing Fee | \$55 Filing Fee & Certified Copy | |
| CR2E079 (8/05) | Confined Copy | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I,Joseph P. DuBrule | , hereby resign as | Manager (Title) | |
|--|--------------------|--------------------|---------------------|
| of Church Street Realty, LLC (Limited Liability | y Company) | | |
| a limited liability company organized under the law | s of the State of | Florida | |
| and affirm that the limited liability company has been supply a compan | uh | or member) | O6 NOV 27 PM 12: 49 |

FILING FEE IS \$25.00

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