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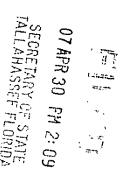
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TOTAL REALTY SERVIC (Name of Limited I	·
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
JOHN LINDSAY	o SE IS
(Contact Person)	7 APR
TOTAL REALTY SERVICES, LLC	ASS
(Firm/Company)	ان الله الله الله الله الله الله الله ال
1612 Thornkill (Address).	O7 APR 30 PH 2: 09 SECRETARY OF STATE TALL AHASSEF FLORIDA
(Address) -  O Vie do, F/. 32  (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
JOHN E. LINDSAY  (Name of Contact Person)  at (	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	A MATERIAL DESCRIPTION OF THE PARTY OF THE P

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		of the Fl	lorida De <sub>l</sub>	partment
2. This limited liabi	Ity company was organized			TALL AHAS	07 APR 30
FLORIDA		<u> </u>			)0 PM 2: No
	ment/registration number o	f this limited liability com	ipany is:	STATE ORIDA	ino
4. I, JAMES W	ROBERTSON	, hereby resign as a	MEME	BER	
(Print No	ame of Person Resigning)		(P	rint Title)	
of this limited liab	oility company and affirm the	e limited liability compar	ny has be	en notifie	d of my
Signature of Resig	gning Member, Managing N	dember or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				