L0500000549

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

Office Use Only

APR 19 2011

EXAMINER



400197235494

03/14/11--01021--018 **35.00

11 APR 18 PH 4: 50
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Penn Brok Real (Name of Limited Liability	Estate Solutions, Ll
The enfiling.	nclosed member, managing member or manager r	resignation and fee(s) are submitted for
Please	return all correspondence concerning this matter	to:
M.	Chael Weingert (Contact Person)	en
Pe	MBNOK (Firm/Company)	**************************************
815	52 Thames Blvd	Unutc
Bo	Ca Ruton F1 3 (City/State and Zip Code)	<u>3</u> 433
For fur	rther information concerning this matter, please c	all:
<u>M10</u>	(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclos	sed please find a check made payable to the Florid	da Department of State for: \$55 Filing Fee & Certified Copy
Registr Divisio Clifton 2661 E	et/Courier address: ration Section on of Corporations Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CRZE079 Pleas W//G	e note 1 have p est incorrect t	paid \$ 35 Sting
		·/



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2011

MICHAEL WEINGARTEN 8152 THAMES BLVD. #C BOCA RATON, FL 33433

SUBJECT: PENNBROOK REAL ESTATE SOLUTIONS, LLC

Ref. Number: L05000000549

We have received your document for PENNBROOK REAL ESTATE SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 811A00006502



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 o	n the records of the	ne Florida Department
/ 1	nBrook Real	,	Solution	s, LLC.
2. This limited liab	ility company was organiz	zed under the la	aws of:	
_F/c	orida	·		
	ment/registration number	of this limited	liability company	y is:
4. I, <u>Annet:</u> (Print N	Le Chiment ome of Person Resigning)	hereby	y resign as a	MGRM (Print Title)
of this limited liab resignation in wri	ility company and affirm ting.	the limited liab	oility company ha	s been notified of my
anne	the Chine	est.		
Signature of Resignation	gning Member, Managing	Member or M	anager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			
connect copy.	\$50.00 (Optional)			せい ユ

CR2E079 (5/06)

TILLU

11 APR 18 PH 4: 50

SECRETARY OF STATE
FALLAHASSEE, FLORIO