## 105000021825

(Requestor's Name)		
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	: #)
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SECRETARY OF STATE
TALLAHASSEE FINANTE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: SILVER REAL ESTATE LLC		
(Name of Limited Liability Com	ipany)	
The enclosed member, managing member or manager resignations.	nation and fee(s) are submitted for	
Please return all correspondence concerning this matter to:		
Frederic M. Barthe, Esq.		
(Contact Person)	· 	
Barthe & Leigh LLP	07 MAY 18 PH 3: 52 SECRETARY OF STATE ALLAHASSEE, FLORID	<b>-</b>
(Firm/Company)	AS II	CC1
2455 E. Sunrise Blvd - Suite 602	SEE F	THE RESERVE
(Address)	ည်း ကြွန်	ĺ,
Fort Lauderdale, FL 33304	52 RIDA	
(City/State and Zip Code)	-	
For further information concerning this matter, please call:		
Frederic Barthe at 954	, 523-5555	
	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for: 155 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

CR2E079 (5/06)



## 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 compan of State is: SILVER REAL ES		of the Florida Department
2. This limited liability company was organ Florida	nized under the laws of:	
3. The Florida document/registration number L05000021825	er of this limited liability com	npany is:
4. I, Ezavin, Renee	, hereby resign as a	Managing Member
(Print Name of Person Resigning)		(Print Title)
of this limited liability company and affin resignation in writing.	m the limited liability compar	ny has been notified of my
resignation in writing.		O7 MAY 18 SECRETARY TALLAHASSI
Signature of Resigning Member, Managin	ng Member or Manager	ASS 8
	,	111
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		PM 3: 52 OF STATE E. FLORIDA