L05000059084

(Requestor's Name)	
(Address)	
(Address	3)
/City/Cto	ta/7in/Dhona ta
(CityiSta	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(= 14.11.1	- <u>-</u> , ,
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer
Opecial sistinctions to 1 illing	Officer.
;	
	Ber

Office Use Only



600078072526

07/28/06--01041--007 **55.00

2006 JUL 28 P 1: 10

AL

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: SMART CHOICE REALTORS	
	nited Liability Company)
Dear Sir or Madam:	•
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this	matter to the following:
JEROME O. MCLEAN	
(Name of Person)	·
SMART CHOICE REALTORS LLC	TAS 2
(Firm/Company)	
3890 W. COMMERCIAL BLVD. #217	2006 JUL 28 P SECRETARY OF S ALLAHASSEE, FL
(Address)	EE,00 F
TAMARAC FL, 33309	JL 28 P 1: 10 TARY OF STATE HASSEE, FLORIDA
(City/State and Zip Code)	DF O
For further information concerning this matter, pl	lease call:
JEROME O. MCLEAN	at (954) 616-0746
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•
Enclosed is a check for the following amount:	
□\$25 Filing Fee	✓\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



FILED

2006 JUL 28 P 1: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, SMART UNLIMITED HOLDINGS LLC	, hereby resign as MANAGER/MEMBER
	(Title)
of SMART CHOICE REALTORS LLC	
(Limited Liab	ility Company)
a limited liability company organized under the la	aws of the State of FLORIDA
and affirm that the limited liability company has been notified in writing of the resignation.	
Mile Jor SM	ART UNLIMITED HOLDINGS LLC
(Signature of resigning manager	, managing member or member)

FILING FEE IS \$25.00

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