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(Address)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Multiple Choice Realty (Name of Lim	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:
Michael Laquerre	·
(Name of Person)	
Multiple Choice Realty (Firm/Company)	· · · · · · · · · · · · · · · · · · ·
677 W. Lumsden Rd	
Brandon, FL 33511	
(City/State and Zip Code)	<del>-</del>
For further information concerning this matter, pl	lease call:
Michael Laquerre	at ( 813 ) 727-7508
(Name of Person)	(Area Code & Daytime Telephone Number)
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 amount:	
\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. Michael Laquerre	, hereby resign as Manager	
	(Title)	
of Multiple Choice Realty LLC		
(Limited Liabi	lity Company)	
a limited liability company organized under the la	ws of the State of Florida	
and affirm that the limited liability company has been notified in writing of the resignation.		
Ma		
(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

CR2E079 (8/05)

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05 SEP 14 PH 3: 28
SEL-STARY RESIDEE