# 

(Reque	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Nan	ne)
(Docum	ent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing	g Officer:	
L05-1018710	NGV	. Resig.
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04/04/05--00035--002 \*\*35.60



# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ASSIST @ SELL BUYERS & SELLERS RE (Name of Limited Liability Company)	AL ESTATE, LLC
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or Manager ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:	
RALPH V. IORIO	
(Name of Person)	
ASSIST-2-SELL BUYERS & SELLERS REAL ESTATE, (Firm/Company)	LLC
933 N COLLIER BLVD, MARCO ISLAND, FL 34145	
(Address)	
MARCO ISLAND, FL 34145	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
RALPH V, IORIO at (239 ) 642	
(Name of Person) (Area Code & Dayt	me Telephone Number)
Registration Section Registr Division of Corporations Divisio Clifton Building P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee \$55 Filing Certification (8/05)	g Fee & fied Copy



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I,	JOANNE IORIO	, hereby resign a	s MANAGING I	MEMBER		
			(Title)			
of	ASSIST-2-SELL BUYERS & SELLER	S REAL ESTAT	E, LLC			
_	(Limited Liability Company)					
a limited liability company organized under the laws of the State of FLORTDA						
and affirm that the limited liability company has been notified in writing of the resignation.						
	~ .	•				
	John L	ario_				
(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

SECREMENT STATE