10500007/1690

| (Req | uestor's Name) | | | | | |
|---------------------------|-----------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Add | ress) | | | | | |
| (City | /State/Zip/Phon | e #) | | | | |
| PICK-UP | WAIT | MAIL | | | | |
| (Bus | iness Entity Na | me) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificate | s of Status | | | | |
| Special Instructions to F | iling Officer: | | | | | |
| | | | | | | |
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Office Use Only



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SECRETARY OF STATE
SHARKSFF FI ORIDA

D. BRUCE

OCT 0 2 2008

EXAMINER

COVER LETTER

| - | gistration Section rision of Corporations | | |
|---------------------|--|-----------------|---|
| SUBJECT | : SW Florida Sunrise Rea | | d/b/a Exit Realty Sunrise |
| The enclose filing. | ed member, managing member or r | nanager resig | nation and fee(s) are submitted for |
| Please retur | rn all correspondence concerning the | his matter to: | |
| Bruce R | R. Donnelly | | ~ . |
| | (Contact Person) | | SEC ALL |
| Exit Rea | alty Sunrise | | OCT PRETAL AHAS |
| | (Firm/Company) | | |
| 13251 M | AcGregor Blvd., # 104 | | PH 12: 20 FSTATE FLORIDA |
| | (Address) | | 720 10A |
| Fort Mye | ers, FL 33919 | | - |
| | (City/State and Zip Code) | | |
| For further | information concerning this matter | r, please call: | |
| Bruce R | R. Donnelly | at (239 | 210-0210 |
| (| Name of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed p | lease find a check made payable to \$25 Filing Fee | | Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/ | COURIER ADDRESS: | | MAILING ADDRESS: |
| Registratio | | | Registration Section |
| | f Corporations | | Division of Corporations |
| Clifton Bui | | | P.O. Box 6327 |
| | utive Center Circle | | Tallahassee, Florida 32314 |
| Tallahassee | e, Florida 32301 | | |

CR2E079 (5/06)

AMA



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | he limited liability company as it ap W Florida Sunrise Realty, | | of the Flo | orida D | eparti | ment |
|--------------------------------|--|-----------------------|------------|------------------|--------------|-------|
| • | iability company was organized und | | | ALLAHASSEE, FL | 18 OCT -1 PM | FILED |
| 1 | ocument/registration number of this | limited liability con | npany is: | TATE | PM 12: 20 | |
| 4. I, Rick M. | Boswell t Name of Person Resigning) | , hereby resign as a | Owner | MG rint Title | RN | 1_ |
| | liability company and affirm the lim | ited liability compar | • | | ied of | fmy |
| Rul | M Bruelf | | • | | | |
| Signature of R | esigning Member, Managing Memb | er or Manager | | | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | | | | |

CR2E079 (5/06)

PUS