L05000078957

•			
(Requestor's Name)			
(Addross)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
•			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to 1 limig Officer.			
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Office Use Only



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SECRETARY OF STATE

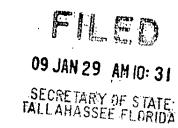
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COVER LETTER

Division of Corporations	
SUBJECT: REPART INVESTU (Name of Limite	LENTS LLC ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	ais matter to:
ROBERT REPPIN (Contact Person)	
(Contact Person)	
(Firm/Company)	
1030 N. FULLERS CYLOS (Address) WINTER GAMPEN FL, 39	SS RD.
WINTER GAMPEN FL, 34 (City/State and Zip Code)	797
For further information concerning this matter	, please call:
ROSEM REPPIN (Name of Contact Person)	at (407) 928 - 0672
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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 company as it	appears on the records	of the Florida Department
of State is: R	FPART INVESTIGE	NTS LLC	
2. This limited liab	ility company was organized u	nder the laws of:	
THE STAT	& of FLORIDA	•	
-			
3. The Florida docu	ment/registration number of th	nis limited liability con	pany is:
LU5000	×78957	•	
4.1, ROBERS	REPPIN	, hereby resign as a	WEWBER (Print Title)
(Print No	ame of Person Resigning)		(Print Title)
of this limited liab resignation in wri	oility company and affirm the l ting.	imited liability compar	ny has been notified of my
- Tab	7		
Signature of Resi	gning Member, Managing Men	mber or Manager	
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		

CR2E079 (5/06)