## C05000 106952

(Requestor's Name)					
(Address)					
<b>V</b>	(Address)				
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	Cortificator	of Status			
Certified Copies	_ Certificates	s or Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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## **COVER LETTER**

<b>TO:</b> Registration S Division of Co		
SUBJECT:	REAL DEAL	
	(Name of Lin	nited Liability Company)
The enclosed member filing.	r, managing member o	r manager resignation and fee(s) are submitted for
Please return all corre	espondence concerning	g this matter to:
XU	IRI LYUBAR (Contact Person)	SKY
	(Contact Person)	
Re	EAL DEAL,	, 2.L.C.
	(Firm/Company)	
3140 N	E40 COURT	
	(Address)	
FORT LAW	UPERDALE, FL	233308
(C	City/State and Zip Code)	
For further information	on concerning this mat	ter, please call:
ARKADI	14 MIRER	at (917) 421-2129
(Name of Co	ontact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a	a check made payable Filing Fee	to the Florida Department of State for:  \$55 Filing Fee &  Certified Copy
STREET/COURIER	R ADDRESS:	MAILING ADDRESS
Registration Section		Registration Section
Division of Corporati	ons	Division of Corporations,
Clifton Building		P.O. Box 6327
2661 Executive Center Tallahassee, Florida 3		Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it REAL DEAL,	• •	of the Florida Department
	ility company was organized u		
	ument/registration number of t	his limited liability com	pany is:
of this limited liab	DAN/LENKO ame of Person Resigning) pility company and affirm the		
resignation in wri	gning Member, Managing Me	mber or Manager	ZEUDE SECRE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TARY OF STATE