

L05000119735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

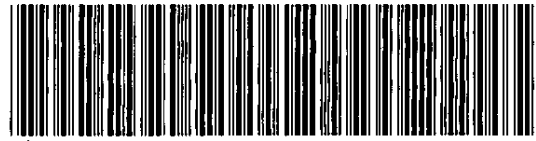
(Business Entity Name)

(Document Number)

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*Resignation of RA*

06/30/09--01002--013 \*\*85.00

2009 JUN 30 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*ASR  
7/7/09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE REALTY DOCTORS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L05000119735

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN GILLEN  
Name of Person

THE REALTY DOCTORS LLC  
Name of Firm/Company

1969 S ALAFAYA TRAIL, SUITE 351  
Address

ORLANDO, FL. 32828  
City/State and Zip Code

JEANGILLEN@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN GILLEN at ( 321 ) 947-0912  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

LIAM GILLEN, hereby resigns as  
Name of Registered Agent

Registered Agent for THE REALTY DOCTORS LLC  
Name of Limited Liability Company

L05000119735  
Document Number, if known

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A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**