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(Requestor's Nar	me)
(Address)	
(Address)	
(City/State/Zip/Pi	none #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Numi	ber)
Certified Copies Certific	ates of Status
Consistent and Street Office Office	
Special Instructions to Filing Officer:	SW
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Resign	
Office Use	Only



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SECKETANY OF STATE
AND ASSEEL FLORIDA

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Atlas Financial Realty, LLC (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Adajirsa Resto (Name of Person)				
Atlas Financial Realty, LLC				
PO BOX 07132 (Address)				
Fort Myers FL 33919 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Brian Scanlan at 239 980-4036 (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$25 Filing Fee \$\times \text{CR2E079 (8/05)} \$55 Filing Fee & Certified Copy				



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Addirsa Resto, hereby resign as MGR	M			
of Atlas Financial Realty, LLC (Limited Liability Company)			_,	
a limited liability company organized under the laws of the State of Floric	la.		_,	
and affirm that the limited liability company has been notified in writing of the resignation.				
(Signature of resigning manager, managing member or member)	SECRETARY OF STATE TALLAHASSEE, FLORID	06 AUG -3 PM 1: 46		

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