1060000	508238
(Requestor's Name) (Address) (Address)	900070372209 04/17/0601009024 **25.00
(City/State/Zip/Phone #)	FILED SECRETARY OF STATE TAILLAHASSEE. FLORIDA

Office Use Only

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COVER LETTER

TO: Registration Section Division of Corporations

ealty Network, LLC **SUBJEC**

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:

Anthony Caliendo (Name of Person) Seilstate Difference Reality Network (Firm/Company)

110 E. atlantic ave, Suite 420

Beach, FL 3344 (City/State and Zip Code)

For further information concerning this matter, please call:

Harvey at 561 308-2176 OK 561-208-(Area Code & Daytime Telephone Number) 2046

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 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

CR2E079 (8/05)

□\$55 Filing Fee & Certified Copy

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		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
	RESIGNAT	TION OF MEMBER, MANAGING MEMBER OR MANAGEI	R
	1. Michae	1 LaRocca, hereby resign as Manager	06 Å
	orthei	21 LaRocca, hereby resign as Manager (Title))ifference Realty Network, UC (Limited Liebility Company)	FILED 06 APR 17 PH 2: 20 SECRETARY OF STATE SECRETARY OF STATE
	a limited liability	y company organized under the laws of the State of Florida	PLOF ST
	and affirm that t	he limited liability company has been notified in writing of the resignation.	ATE 20
		All (Simulation of managering manhar or manhar)	

(Signatury of resigning manager, managing member or member)

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

CR2E079 (8/05)

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