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(Re	questor's Name)	
(Address)		
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(Cit	//State/Zip/Phone	;#)
PICK-UP		MAIL
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(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT - 3 PM 2: 08

J. BRYAN OCI - 4 2006

COVER LETTER

TO: Registration Section Division of Corporations

erence etwork, UC **SUBJECT:** (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:

(Name of Person WORK, LLC (Firm/Company) 41 (Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Michael Marks, hereby resign as Manager
of the Difference Realty Network, UC, (Limited Liability Company)
a limited liability company organized under the laws of the State of <u><i>HOPLDA</i></u> ,

and affirm that the limited liability company has been notified in writing of the resignation.

gnature of resigning manager, managing member or member)

06 0CT - 3 PM 2: 08

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)