L06000019917

(Requestor's Nar	ne)			
(Address)				
(Address)				
(City/State/Zip/Ph	none #)			
PICK-UP WAIT	MAIL			
(Business Entity	Name)			
(Document Number)				
Certified Copies Certific	ates of Status			
Special Instructions to Filing Officer:				
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08 FEB 21 PH 1: 34

T. HAMPTON

FEB 2 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Seacrest Realty, LLC	
(Name of Limited L	iability Company)
The enclosed member, managing member or manafiling.	ager resignation and fee(s) are submitted fo
Please return all correspondence concerning this r	natter to:
Michael Faro	
(Contact Person)	
Michael Anthony Faro, P.A.	
(Firm/Company)	
503 N. Orlando Avenue, Suite 106	
(Address)	
Cocoa Beach, FL 32931	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Michael Faro at (
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as acrest Realty, LLC	s it appears on the records	of the Florida D	Department
2. This limited liab	oility company was organized	d under the laws of:		
3. The Florida doc L0600001	ument/registration number o	f this limited liability con	npany is:	
4. I, Timothy M		, hereby resign as a	Manager	
of this limited lia resignation in wi	vame of Person Resigning) bility company and affirm the other partial		(Print Title	•
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	The second of Manager		DIVISION OF CO