## L06000032531

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del>-</del> - <del>-</del>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200110693642

10/17/07--01046--004 ++25.00

SECRETARY OF STATE OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PARA MOUNT PROPERTY 5 (Name of Limited Lia	ERVICES ! INVESTMENTS LLC ability Company)
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
BRIAN MILLS (Contact Person)	
(Contact Person)	
PARAMOUNT PROP. SERVICES : IN	070CT 17 PH 2: 17
5373 EHRLICH RD 703-20 (Address)	<u>7</u> 2
TAMPA, FC 33625 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
BRIAN Mius at ( (Name of Contact Person) (A	8(3) 363 -0343 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the I \$25 Filing Fee	Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
Carron Dundang	F.O. DUX 0341

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company as	it appears on the records of RTY SERVICES	of the Florida De	partme	ent LTS, U.C.
2. This limited liab	ility company was organized	under the laws of:			
	ument/registration number of 0032531	this limited liability comp	oany is:		
4. I, DAVID	MORALES  (ame of Person Resigning)	, hereby resign as a	MGR (Print Title)		_
of this limited lial resignation in wr	bility company and affirm the iting.	limited liability company	y has been notifie	d of n	ıy
Par	vil Mouel				
Signature of Resi	gning Member, Managing M	ember or Manager		07 OCT 17	SECR DIVISION
Filing Fee:	\$25.00 (Required)				
Certified Copy:				7 PM 2: 1	TILED ARY OF STATI CORPORATI