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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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OR JUN 30 PM 2: 12
SECRETARY OF STATE
TALLAHASSEF ELORIDA

T. HAMPTON

JUL - 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RLS PROPERTIES (Name of Limited I	Liability Company)
The enclosed member, managing member or marfiling.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
DARA WERNER (Contact Person)	
RLS PROPERTIES LLC (Firm/Company)	
205 Bowens Mill Da	
BONARE 6A 31005 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
DARA WERNEL at ((Name of Contact Person)	(478) 235 · 1258 · (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$\sum \frac{1}{25}\$ Filing Fee	e 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

	mited liability company as it a	• •	orida Dej	partm	nent
2. This limited liabili	ty company was organized und	der the laws of: 			
	nent/registration number of this	s limited liability company is:			
, .	ne of Person Resigning) lity company and affirm the lin	, `	rint Title) en notifie	d of	 my
Sul	ning Member, Managing Mem	ber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRÉTARY O	08 JUN 30	FILE

CR2E079 (5/06)