# L0 4000013622

(Requ	estor's Name)				
(Addre	ess)				
(Addre	ess)				
(City/S	State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Busin	ess Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Fili	ng Officer:				
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	Office Use Only				



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

OCT 23 AH 10

## **COVER LETTER**

TO: Registration Section Division of Corporations		
	ealty Partners, LLC	_
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 r	natter to the following:	
Linda K. Williamson (Name of Person)		
(Name of Person)		
Monarch Realty Partners, LLC		06 FAS
(Firm/Company)		06 OCT 23 AM IO: 05 SECRETARY OF STATE FALLAHASSEE FLORIDA
		12 12
14051 Miller Drive		
(Address)		
D   D   D   51 00440		
Palm Beach Gardens, FL 33410		)5 A
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Linda Williamson	at ( 561 ) 439-5494	
(Name of Person)	(Area Code & Daytime Telephone Number	·)
STREET/COURIER ADDRESS:	<b>MAILING ADDRESS:</b>	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	1 1111111111111111111111111111111111111	
Enclosed is a check for the following amount:		
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee &	
_ •	Certified Copy	
CR2E079 (8/05)		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, _	Linda K. Williamson	, hereby resign as	Managing Member	,				
		_ , , , , .	(Title)					
of_	Monarch Realty Partners, LLC			,				
	(Limited Liability Company)							
a li	mited liability company organized under the la	ws of the State of _F	lorida	<u></u> ,				
and	l affirm that the limited liability company has b	een notified in writin	ng of the resignation.	08 OCT				
			SEE P	71 <u>[</u> 23 AM				
	(Signature of resigning manager,	managing member o	r member)					
	•		(h					

### 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