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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	W AIT	MAIL
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(Doc	cument Number)	
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Special Instructions to I	Filing Officer:	

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COVER LETTER

Division of Corporations		
SUBJECT: MY MERIDIAN REALTY LL (Name of Limi	_C ited Liability Company)	*** · ** ·
Dear Sir or Madam:		
	Mandan and Control of the Control of	
	Member or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
PEDRO N. ALZATE		
(Name of Person)	TS IN	
MY MERIDIAN REALTY LLC	See	13
(Firm/Company)	77AR 77AR	*
1012 BRYAN ST	SECRETARY OF SIASES, FLORIS	
(Address)		- \ _
KISSIMMEE FL 34741		_
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
PEDRO ALZATE	at (407) 414-1069	
(Name of Person)	(Area Code & Daytime Telephone Number)	
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	
Enclosed is a check for the following amount:		
▼\$25 Filing Fee CR2E079 (8/05)	☐\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, CLAUDIA CARDENAS	, hereby resign as MANAGER
	(Title)
of MY MERIDIAN REALTY LLC	
(Limited Liability	Company)
a limited liability company organized under the law	s of the State of FLORIDA
and affirm that the limited liability company has been	en notified in writing of the resignation.
_ Caudic	
(Signature of resigning manager, m	anaging member or member)

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