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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

SUBJECT: REAL Exchange Rearry LLC (Name of Limited Liability Company)			
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 matter to the following:			
DAVID ODIWO (Name of Person)			
Resu Exchange Resurfuc (Firm/Company) 3590 So. State Rd 7, Ste 202 ALE NO TI (Address)			
3590 So. State Rd 7, Ste 202 ALLAHASSEE, FLORIDA (City/State and Zip Code) ASSECTATE AND TO THE USE OF THE U			
For further information concerning this matter, please call:			
Toseph Duiwo at 954 274 7243 (Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section			

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (8/05)

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building

TO:

Registration Section Division of Corporations



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, <u>Evelyn EASTWOOD</u> , hereby resign as <u>MAN</u> (Title)	14ger		
of Rear Exchange Rearry LLC (Limited Liability Company))		
(Limited Liability Company)			
a limited liability company organized under the laws of the State of FLOR	10A		
and affirm that the limited liability company has been notified in writing of the resignation.			
Evely Eastwood			
(Signature of resigning manager, managing member or member)			
SECRETA LLAHAS	7nn.		
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SSEE. F			
FLORIA #	Ö		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327

FILING FEE IS \$25.00

Tallahassee, FL 32314