

L06000090284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

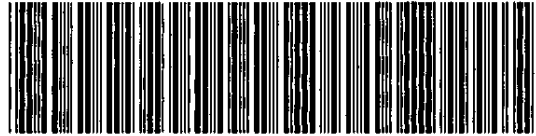
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/17/10--01038--014 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 27 AM 2:15

T. HAMPTON

MAY 27 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDGE REFERRAL SYSTEM, LLC.
(Name of Limited Liability Company)

D/B/A RE/MAX EDGE OF FORT MYERS
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DAVID A. DETTMANN
(Contact Person)

EDGE REFERRAL SYSTEM, LLC
D/B/A RE/MAX EDGE OF FORT MYERS
(Firm/Company)

10491 SIX MILE CYPRESS PARKWAY Suite 200
(Address)

FORT MYERS, FL. 33966
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID A. DETTMANN at (239) 489-2900
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee
paid

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 MAY 26 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 18, 2010

DAVID A DETTMANN
10491 SIX MILE CYPRESS PKWY
STE 200
FT MYERS, FL 33966

SUBJECT: EDGE REFERRAL SYSTEM LLC
Ref. Number: L06000090284

We have received your document for EDGE REFERRAL SYSTEM LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 210A00012609



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

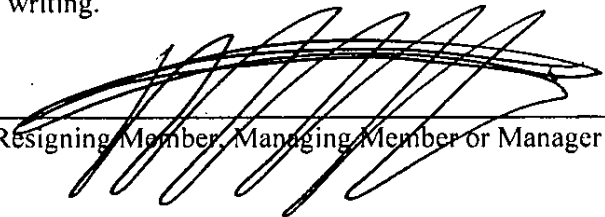
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EDGE REFERRAL SYSTEM, LLC.

2. This limited liability company was organized under the laws of:
FLORIDA.

3. The Florida document/registration number of this limited liability company is:
LO6000090284.

4. I, MICHAEL F. BUKOWSKI, hereby resign as a REGISTERED AGENT
(Print Name of Person Resigning) MGRM (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X 
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)