

L06000090284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

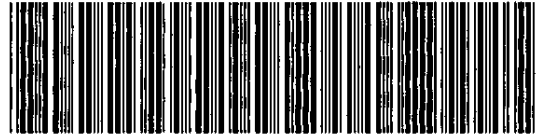
(Business Entity Name)

(Document Number)

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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 MGRM REGISTERED AGENT  
*(Print Name of Person Resigning)* *(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)