L06000109118

	(Requestor's Name)	
	(A dalana)	
	(Address)	
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<u></u>	(Address)	
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	(City/State/Zip/Phone #)	
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PICK-U	P WAIT	MAIL
		, -
1 - 1	(Business Entity Name)	·-
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•	(Document Number)	
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Office Use Only



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10 JUL 12 AM 9: 42
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JUL 1 3 2010

EXAMINER

COVER LETTER

CR2E079 (5/06)

	TO: Registration Section Division of Corporations	
	Division of Corporations	:
	SUBJECT: VM REAL ESTATE ADVISORS, LLC	•
	(Name of Limited Liability Com	npany)
_	The enclosed member, managing member or manager resignations.	nation and fee(s) are submitted for
	Please return all correspondence concerning this matter to:	· :
	YRENE TAMAYO	
	(Contact Person)	10 JUL 12 AM 9: 42 SECRETARY OF STATE FLORID
	(Firm/Company)	TARY OF ASSEE. F
	161 crandon Blv apt 221	FLOOR ST
	(Address)	ADE 42
	MIAMI, FL 33137	
	(City/State and Zip Code)	-
	For further information concerning this matter, please call:	
	YRENE TAMAYO at (954	y940-0448
		& Daytime Telephone Number)
	Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	Department of State for: 155 Filing Fee & Certified Copy
	Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	rananassee, fiorida 32301	



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 i of State is: VM REAL ESTATE ADVISORS	•	
2. This limited liability company was organized FLORIDA	under the laws of:	10 JUL 13 SECRETAR
3. The Florida document/registration number of L06000109118	this limited liability company is:	AM 9: 42 SEE. FLORIDI
4. I, YRENE TAMAYO	, hereby resign as a MGR	عد .
. (Print Name of Person Resigning)		Print Title)
of this limited liability company and affirm the resignation in writing.	limited liability company has be	een notified of my
4-7	* :	ندر مختبط المنظل المنظل
Signature of Resigning Member, Managing Me	ember or Manager	

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