L0600011447a

(Re	equestor's Name)	
(Ad	dress)	
. (A d	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer: A. LUN OCT 28 20	55374
	\%. LUI	VT
	OCT 28 20	08
F	EXAMI	NER



400137159474

10/27/08--01021--023 **50.00

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: My Real Estate Referral L	LC		
(Name of Limited	Liability Company)		
The enclosed member, managing member or matiling.	nager resignation and fee(s) are submitted for		
Please return all correspondence concerning this	matter to:		
Tonya John			
(Contact Person)			
My Real Estate Referral LLC	7008		
(Firm/Company)	CRE CAH		
175 E. Main Street Ste. 111	27 ASSE		
(Address)			
Apopka, FL 32703	SECRETARY OF STATE SECRETARY OF STATE FALLAHASSEE. FLORID		
(City/State and Zip Code)			
For further information concerning this matter, p	lease call:		
Tonya John at	<u>407</u> 435-6744		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to th			
√ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee Florida 32314		
2661 Executive Center Circle	Tallahassee, Florida 32314		

Tallahassee, Florida 32301

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

I. The name of the limited liability company as it a of State is: My Real Estate Referral LL		s of the Florid	a Depart	ment
2. This limited liability company was organized un Florida	der the laws of:		SECR	2008 OCT 27
3. The Florida document/registration number of thi L06000114472	s limited liability cor	npany is:	ETARY OF HASSEE, F	2
4. I. Ronald Mast	_, hereby resign as a	Manager	STAT	2; 5
(Print Name of Person Resigning)	<u>,</u>	(Print	Tide	- 00
of this limited liability company and affirm the li- resignation in writing.	mited liability compa	iny has been n	otified o	of my
	/-			
Signature of Resigning Member, Managing Mem	ber or Manager			

Filing Fee: Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)